

FACT-An Subscale (Version 4)

Below is a list of statements that other people with your illness have said are important. **Please circle or mark one number per line to indicate your response as it applies to the past 7 days.**

		Not at all	A little bit	Somewhat	Quite a bit	Very much
HI7	I feel fatigued	0	1	2	3	4
HI12	I feel weak all over	0	1	2	3	4
An1	I feel listless (“washed out”)	0	1	2	3	4
An2	I feel tired	0	1	2	3	4
An3	I have trouble <u>starting</u> things because I am tired.....	0	1	2	3	4
An4	I have trouble <u>finishing</u> things because I am tired	0	1	2	3	4
An5	I have energy	0	1	2	3	4
An6	I have trouble walking.....	0	1	2	3	4
An7	I am able to do my usual activities.....	0	1	2	3	4
An8	I need to sleep during the day.....	0	1	2	3	4
An9	I feel lightheaded (dizzy).....	0	1	2	3	4
An10	I get headaches	0	1	2	3	4
B1	I have been short of breath	0	1	2	3	4
An11	I have pain in my chest.....	0	1	2	3	4
An12	I am too tired to eat	0	1	2	3	4
BL4	I am interested in sex.....	0	1	2	3	4
An13	I am motivated to do my usual activities.....	0	1	2	3	4
An14	I need help doing my usual activities	0	1	2	3	4
An15	I am frustrated by being too tired to do the things I want to do.....	0	1	2	3	4
An16	I have to limit my social activity because I am tired.....	0	1	2	3	4