

Purpose The FAS is a 10-item scale evaluating symptoms of chronic fatigue. In contrast to other similar measures (e.g., the Multidimensional Fatigue Inventory Chap. 57), the FAS treats fatigue as a unidimensional construct and does not separate its measurement into different factors. However, in order to ensure that the scale would evaluate all aspects of fatigue, developers chose items to represent both physical and mental symptoms.

Population for Testing The scale has been validated in a population of both male and female respondents with mean ages of 45 ± 8.4 years and 43 ± 9.5 years, respectively.

Administration The FAS is a self-report, paper-and-pencil measure requiring approximately 2 min for administration.

Reliability and Validity Developers Michielsen and colleagues [1] analyzed the scale's psychometric properties and found an internal consistency of .90. Results on the scale also correlated highly with the fatigue-related subscales of other measures like the Checklist Individual

Strength. In subsequent analyses, four of the scale's ten items were shown to possess a gender bias – women tended to score significantly higher than men [2]. However, when adjusted scores were calculated, researchers found that this bias had only a negligible effect on each individual's total score, indicating that the scale's original simplified scoring method is still appropriate.

Obtaining a Copy A copy of the scale can be found in the original article published by developers [1].

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Scoring Each item of the FAS is answered using a five-point, Likert-type scale ranging from 1 (“never”) to 5 (“always”). Items 4 and 10 are reverse-scored. Total scores can range from 10, indicating the lowest level of fatigue, to 50, denoting the highest.

Fatigue Assessment Scale (FAS)

The following 10 statements refer to how you usually feel. For each statement you can choose one out of five answer categories, varying from *never* to *always*. 1 = *never*; 2 = *sometimes*; 3 = *regularly*; 4 = *often*; 5 = *always*.

| | Never | Sometimes | Regularly | Often | Always |
|---|-------|-----------|-----------|-------|--------|
| 1. I am bothered by fatigue (WHOQOL) | 1 | 2 | 3 | 4 | 5 |
| 2. I get tired very quickly (CIS) | 1 | 2 | 3 | 4 | 5 |
| 3. I don't do much during the day (CIS) | 1 | 2 | 3 | 4 | 5 |
| 4. I have enough energy for everyday life (WHOQOL) | 1 | 2 | 3 | 4 | 5 |
| 5. Physically, I feel exhausted (CIS) | 1 | 2 | 3 | 4 | 5 |
| 6. I have problems starting things (FS) | 1 | 2 | 3 | 4 | 5 |
| 7. I have problems thinking clearly (FS) | 1 | 2 | 3 | 4 | 5 |
| 8. I feel no desire to do anything (CIS) | 1 | 2 | 3 | 4 | 5 |
| 9. Mentally, I feel exhausted | 1 | 2 | 3 | 4 | 5 |
| 10. When I am doing something, I can concentrate quite well (CIS) | 1 | 2 | 3 | 4 | 5 |

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Note: The abbreviations after the items indicate the scale from which the items has been abstracted. The following are the scales:

CIS - Checklist Individual Strength

WHOQOL - World Health Organization Quality of Life assessment instrument

FS - Fatigue Scale

References

1. Michielsen, H. J., De Vries, J., & Van Heck, G. L. (2003). Psychometric qualities of a brief self-rated fatigue measure the fatigue assessment scale. *Journal of Psychosomatic Research*, 54, 345–352.
2. De Vries, J., Michielsen, H. J., Van Heck, G. L., & Drent, M. (2004). Measuring fatigue in sarcoidosis: the fatigue assessment scale (FAS). *British Journal of Health Psychology*, 9(3), 279–291.

Representative Studies Using Scale

- Michielsen, H. J., Drent, M., Peros-Golubicic, T., & De Vries, J. (2006). Fatigue is associated with quality of life in sarcoidosis patients. *Chest*, 130(4), 989–994.
- Smith, O. R. F., Michielsen, H. J., Pelle, A. J., Schiffer, A. A., Winter, J. B., & Denollet, J. (2007). Symptoms of chronic fatigue in chronic heart failure patients: clinical and psychological predictors. *European Journal of Heart Failure*, 9(9), 922–927.