

Pediatric (Paediatric) Functional Assessment of Chronic Illness Therapy – Fatigue (Version 1)

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.**

		None of the time	A little bit of the time	Some of the time	Most of the time	All of the time
pF1	I feel tired.....	0	1	2	3	4
pF2	I have energy (or strength).....	0	1	2	3	4
pF3	I could do my usual things at home	0	1	2	3	4
pF4	I had trouble <u>starting</u> things because I was too tired.....	0	1	2	3	4
pF5	I had trouble <u>finishing</u> things because I was too tired	0	1	2	3	4
pF6	I needed to sleep during the day	0	1	2	3	4
pF7	I got upset by being too tired to do things I wanted to do .	0	1	2	3	4
pF8	Being tired made it hard for me to play or go out with my friends as much as I'd like.....	0	1	2	3	4
pF9	I needed help doing my usual things at home.....	0	1	2	3	4
pF10	I feel weak.....	0	1	2	3	4
pF11	I was too tired to eat.....	0	1	2	3	4
pF12	Being tired made me sad.....	0	1	2	3	4
pF13	Being tired made me mad (angry)	0	1	2	3	4