

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

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