



## Fatigue Assessment Scale

### Fatigue

The following ten statements refer to how you feel at the **current** stage of your COVID-19 recovery (over the past week). **Please give an answer to each question, even if you do not have any complaints at the moment.** \*

	Never	Sometimes	Regularly	Often	Always
I am bothered by fatigue	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I get tired very quickly	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I don't do much during the day	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I have enough energy for everyday life	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Physically, I feel exhausted	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Never	Sometimes	Regularly	Often	Always
I have problems starting things	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I have problems thinking clearly	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I feel no desire to do anything	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Mentally, I feel exhausted	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
When I am doing something, I can concentrate quite well	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Compared to how you felt before contracting COVID-19, how would you describe your level of fatigue **during** COVID recovery? \*

- Significantly more than pre-COVID  
 Moderately more than pre-COVID  
 Slightly more than pre-COVID  
 Same as pre-COVID  
 Less than pre-COVID

How much DAILY rest are/were you able to get on average, DURING your COVID-19 recovery? (Rest means time recovering/relaxing without work, childcare, or other obligations). **Please do not include your daily sleep, or naps.** \*

- less than 2hrs per day  
 2-4hrs  
 4-6hrs  
 6-8hrs  
 more than 8 hours per day

If you experienced fatigue, when did you feel fatigue? \*

Please mark symptoms for the first **4 weeks**, then **months** (if applicable). Even if you have only experienced these symptoms for part of a week or month, please select it.

	N/A	<b>Week 1</b>	Week 2	Week 3	Week 4	<b>Month 2</b>	Month 3	Month 4	Month 5	Month 6
Fatigue	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>