



EORTC QLQ-FA12

Patients sometimes report that they have the following symptoms or problems. Please indicate the extent to which you have experienced these symptoms or problems during the past week. Please answer by circling the number that best applies to you.

During the past week:

	Not at all	A little	Quite a bit	Very much
1. Have you lacked energy?	1	2	3	4
2. Have you felt exhausted?	1	2	3	4
3. Have you felt slowed down?	1	2	3	4
4. Did you feel sleepy during the day?	1	2	3	4
5. Did you have trouble getting things started?	1	2	3	4
6. Did you feel discouraged?	1	2	3	4
7. Did you feel helpless?	1	2	3	4
8. Did you feel frustrated?	1	2	3	4
9. Did you have trouble thinking clearly?	1	2	3	4
10. Did you feel confused?	1	2	3	4
11. Did tiredness interfere with your daily activities?	1	2	3	4
12. Did you feel that your tiredness is (was) not understood by the people who are close to you ?	1	2	3	4