



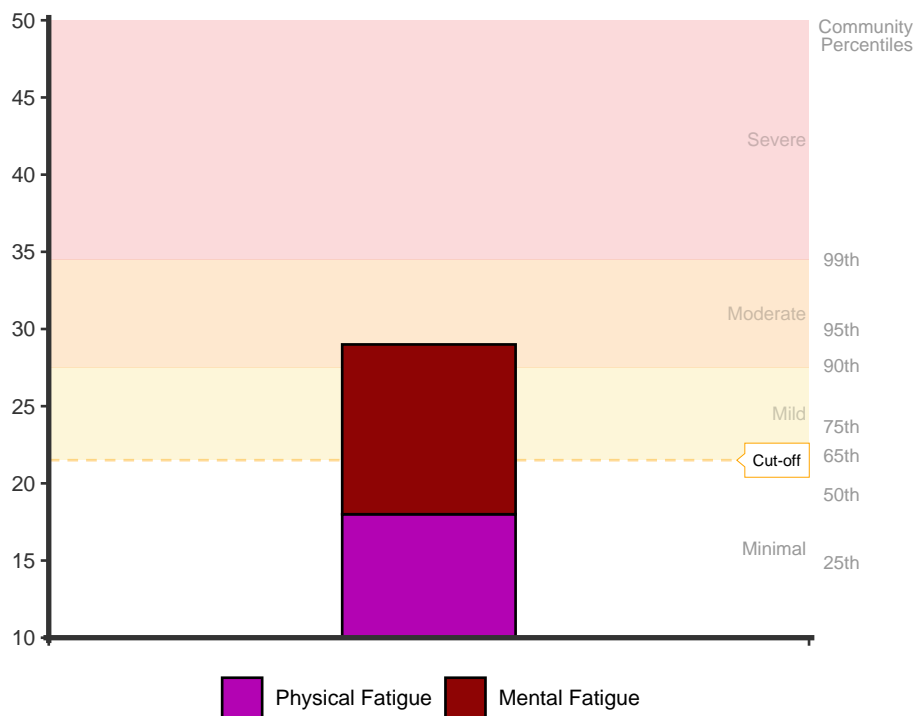
Fatigue Assessment Scale (FAS)

<i>Client Name</i>	Generic Client	<i>Date administered</i>	16 Feb 2026
<i>Date of birth (age)</i>	1 Jan 1990 (36)	<i>Time taken</i>	1 min 25s
<i>Assessor</i>	Dr Simon Baker		

Results

	Raw Score	Community Percentile	Descriptor
General Fatigue (10-50)	29	93	Moderate
Physical Fatigue (5-25)	13	-	-
Mental Fatigue (5-25)	16	-	-

Fatigue Assessment Scale (FAS) Score



Interpretation

The Fatigue Assessment Scale (FAS) was administered on 16 February 2026, and the respondent obtained a total score of 29, which is within the moderate range. Their score is on the 93rd percentile when compared to working adults in the general population.

A score in this range indicates that the respondent has been experiencing significant fatigue, and higher levels of fatigue than the vast majority of people in the general population. Fatigue at this level is likely to be substantially affecting the respondent's daily functioning and quality of life. Clinical assessment to identify contributing factors and consideration of appropriate



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treatment interventions may be warranted.

Comparison of the subscale scores suggests that mental symptoms of fatigue are more prominent than physical symptoms for this respondent.

The items with the highest ratings included:

- 4. *I have enough energy for everyday life (R) (Sometimes)*
- 6. *I have problems starting things (Often)*
- 7. *I have problems thinking clearly (Often)*
- 1. *I am bothered by fatigue (Regularly)*
- 8. *I feel no desire to do anything (Regularly)*

Scoring and Interpretation Information

For comprehensive information on the Fatigue Assessment Scale (FAS), [see here](#).

The FAS yields a total score between 10 and 50, with higher scores indicating more severe fatigue. Each item is rated on a 5-point Likert-type scale from 1 to 5 reflecting the frequency with which the respondent usually experiences a specific physical or mental symptom of fatigue. Items 4 and 10 are reverse-scored.

Scores are also provided for the scale's two subscales (Drent et al., 2012):

- Physical Fatigue (Items 1, 2, 4, 5, and 10), which assesses general and physical manifestations of fatigue, including being bothered by fatigue, tiring quickly, physical exhaustion, and lack of energy.
- Mental Fatigue (Items 3, 6, 7, 8, and 9), which assesses motivational and cognitive aspects of fatigue, including reduced activity, difficulty initiating tasks, problems thinking clearly, and lack of motivation.

The respondent's total FAS score is expressed as a percentile based on normative data for working adults in the general Dutch population (De Vries et al., 2003; Michielsen et al., 2003), contextualising their score relative to the typical scores of working adults. For example, the 50th percentile represents the typical level of general fatigue among working adults in the general population, while scores on the 90th percentile fall within the top 10% and are considered "Moderate", and scores on the 99th percentile fall within the top 1% and are considered "Severe".

Total FAS scores of 22 or above are commonly cited as indicating the presence of significant fatigue. This threshold corresponds approximately to the 65th percentile of the normative sample of working adults and was originally based on the observation that scores at this level differentiated the majority of patients with sarcoidosis from the general population (De Vries et al., 2004). It is important to note that this cut-off score is not a formally validated threshold for identifying people with clinically significant fatigue.

Hendriks and colleagues (2018) reported that total FAS scores of less than 22 indicate no substantial fatigue, scores between 22 and 34 indicate mild-to-moderate fatigue, and scores of 35 or above indicate severe fatigue. To further aid in clinical interpretation, NovoPsych distinguishes between mild fatigue (scores between 22 and 27) and moderate fatigue (scores



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between 28 and 34).

- Minimal fatigue: FAS score of 10 to 21 (on or below the 65th percentile)
- Mild fatigue: FAS score of 22 to 27 (above the 65th percentile)
- Moderate fatigue: FAS score of 28 to 34 (above the 90th percentile)
- Severe fatigue: FAS score of 35 to 50 (above the 99th percentile)

Although these severity classifications have not been validated, the category boundaries correspond approximately to the 65th, 90th, and 99th percentiles of the normative sample of working adults, representing progressively higher levels of fatigue relative to the general working population. These classifications provide useful clinical interpretation guidelines for contextualising a respondent's score.

On first administration, a graph is presented showing the respondent's total FAS score, consisting of the subscale scores for Physical Fatigue and Mental Fatigue. If administered more than once, longitudinal graphs are presented for the total score and subscale scores, indicating if there have been any changes in these scores over time.

A clinically meaningful change in overall fatigue is defined as a change of 4 or more points in the total FAS score, based on the Minimal Clinically Important Difference (MCID) established by de Kleijn and colleagues (2011) in patients with sarcoidosis. Specifically, a 4 or more point increase indicates a clinically meaningful worsening of fatigue, a 4 or more point decrease indicates a clinically meaningful improvement in fatigue, and less than a 4-point change indicates no clinically meaningful change.

Client Responses

		Never	Sometimes	Regularly	Often	Always
1	I am bothered by fatigue	1	2	3	4	5
2	I get tired very quickly	1	2	3	4	5
3	I don't do much during the day	1	2	3	4	5
4	I have enough energy for everyday life	5	4	3	2	1
5	Physically, I feel exhausted	1	2	3	4	5
6	I have problems starting things	1	2	3	4	5



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Client Responses (cont.)

		Never	Sometimes	Regularly	Often	Always
7	I have problems thinking clearly	1	2	3	4	5
8	I feel no desire to do anything	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	5	4	3	2	1