



**INSTRUCTIONS FOR FACIT-F (Version 4)
FUNCTIONAL ASSESSMENT OF CHRONIC ILLNESS THERAPY-FATIGUE
FCT, VERSION 1.0 (QxQ)**

I. GENERAL INSTRUCTIONS

The FACIT-R Form is filled out at Visit 1 (baseline) through Visit 4. The questionnaire is a 40-item scale used to assess fatigue in the setting of chronic illness. The questionnaire covers 5 domains, and responses are graded on a 0 to 4 likert scale. Higher score indicates better quality of life (i.e., less fatigue).

Header Information: The header information consists of key fields which uniquely identify each recorded instance of a form.

FORM DATE: Record date this is being completed. Select the date from the pop up calendar or type in the date in the space provided. Dates should be entered in the mm/dd/yyyy format.

INITIALS: Record the staff code of the person entering the data on this form. This code is assigned to each person at each site by the GIC. If you do not have a staff code and are collecting SPIROMICS data please contact the GIC in order to receive your own individual staff code.

II. DETAILED INSTRUCTIONS FOR EACH ITEM

For participants without illness (Non-smokers and smokers with FEV₁/FVC > LLN):

Say to the participant:

“Below is a list of statements that people with chronic 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.”

If they are unsure of how to answer, please say:

“We understand the wording of these questions can be confusing but ask that you consider and answer them carefully as they apply or do not apply to you.”

For participants with illness (Mild/Mod. with FEV₁/FVC < LLN and FEV₁ > 50% pred. and Severe COPD with FEV₁/FVC < LLN and FEV₁ < 50% pred.):

Say to the participant:

“Below is a list of statements that other people with your illness have said are important. Please indicate your response as it applies to the past 7 days.”

Read each statement exactly as it is written aloud to the participant (with the exception above) followed by each of the possible responses. Each item on this form asks about the participant's experience for the past 7 days. Have the participant select the answer that best matches their experience regarding the statement over the past seven days.

For Item 14 check the box if the participant does not wish answer item 15. If the box remains empty item 15 will remain open and available to answer; if the box is checked item 15 will be skipped and the next question (item 16) should be answered.

When complete save and close the form.