

Assessment of Fatigue in Older Adults: The FACIT Fatigue Scale (Version 4)

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WHY: Fatigue is one of the most frequent complaints of older adults and is strongly associated with loss of independence, decreased physical activity, and functional decline. Mild depression, anemia, insomnia, and poor nutrition have been associated with fatigue. However, many older persons report complaints of “fatigue” and “exhaustion” even when no underlying medical or psychiatric illness is present (Avlund et al., 2003). Thus, the lack of an “underlying illness” makes the impact of unexplained fatigue even more crucial.

BEST TOOL: Although there are several validated tools for the measurement of fatigue, there is no gold standard (Dittner et al., 2004). One self-report questionnaire that has been validated for use with older adults is the Functional Assessment of Chronic Illness Therapy (FACIT) Fatigue Scale (Version 4). The FACIT Fatigue Scale is a short, 13-item, easy to administer tool that measures an individual’s level of fatigue during their usual daily activities over the past week. The level of fatigue is measured on a four point Likert scale (4 = not at all fatigued to 0 = very much fatigued) (Webster et al., 2003). The FACIT Fatigue Scale is one of many different FACIT scales that are part of a collection of health-related quality of life (HRQOL) questionnaires targeted to the management of chronic illness referred to as The FACIT Measurement System. The group tests newly constructed FACIT subscales on a sample of at least 50 subjects. The FACIT tool has been translated in more than 45 different languages permitting cross-cultural comparisons.

TARGET POPULATION: Older adults who report fatigue.

VALIDITY AND RELIABILITY: In a 2007 study, the FACIT Fatigue Scale was found to have high internal validity (Cronbach’s alpha = 0.96) and high test-retest reliability (ICC = 0.95) (Chandran et al., 2007). The correlation between the FACIT and Fatigue Severity Scale (FSS) was -0.79 tool comparison (Tennant et al., 2012). In a sample of 203 patients with cancer anorexia-cachexia syndrome (CACS), the FACIT-F (Fatigue Scale) demonstrated good internal consistency, reliability, and responsiveness with the Functional Assessment of Anorexia/Cachexia Therapy (FAACT). The estimated difference for each scale was 1-2 points (Salsman et al., 2015). In a qualitative study with iron deficiency anemia (IDA) patients in a phase 3 clinical trial, the FACIT Fatigue Scale was found to be stable over time (ICC = 0.87) and internally consistent (Cronbach’s = 0.93); the scale also demonstrated convergence with the SF-36 Vitality ($r = 0.74$) and distinguished between groups (Acaster et al., 2015).

In a modified, shorter version (9 items) of the FACIT-Fatigue Scale, it was found reliable and valid in COPD patients with a high internal consistency (Cronbach’s = 0.91); correlations between total score and each dimension were >0.64 and within dimensions >0.43 ($p < 0.0001$). The modified FACIT had significant convergent validity scores associated with SGRQ total score (0.69 & 0.7); mMRC dyspnea scores (0.48 & 0.47) ($p < 0.0001$) for all (Al-shair et al., 2012). Thus, the FACIT had meaningful discriminating ability in identifying poor exercise performance and more depressive symptoms in COPD patients.

In summary, current research has demonstrated that the FACIT Fatigue Scale has sound measurement properties and is an appropriate and interpretable assessment of fatigue among individuals with various underlying conditions.

STRENGTHS AND LIMITATIONS: The FACIT Fatigue Scale is easy to complete (in 5–10 minutes) and is written at the 4th grade reading level. It has demonstrated equivalence in mode of administration (interview vs. self-report) and can be used in a variety of clinical settings (community health, inpatient, outpatient, etc). Although the FACIT has been highly correlated with the FSS (Chandran et al., 2007; Tennant et al., 2011) further evaluation of this tool with the geriatric population with regard to cut-off points is recommended.

FOLLOW-UP: As needed or on a yearly basis to assess fatigue.

MORE ON THE TOPIC:

Best practice information on care of older adults: <https://consultgeri.org>.

The FACIT Measurement System website: <http://www.facit.org/FACITOrg>.

Acaster, S., Dickerhoof, R., Debusk, K., Bernard, K., Strauss, W., & Allen, L. (2015). Qualitative and quantitative validation of the FACIT-fatigue scale in iron deficiency anemia. *Health & Quality of Life Outcomes*, 13(1), 60-69.

Al-shair, K., Muellerova, H., Yorke, J., Rennard, S., Wouters, E., Hanania, N., Sharafkhaneh, A., & Vestbo, J. (2012). Examining fatigue in COPD: Development, validity and reliability of a modified version of FACIT-F Scale. *Health & Quality of Life Outcomes*, 10, 100. doi: 10.1186/1477-7525-10-100

Avlund, K., Pederson, A.N., & Schroll, M. (2003). Functional decline from age 80 to 85: Influence of preceding changes in tiredness in daily activities. *Psychosomatic Medicine*, 65, 771-777.

Chandran, V., Bhella, S., Schentag, C., & Gladman, D. (2007). Functional assessment of chronic illness therapy-fatigue scale is valid in patients with psoriatic arthritis. *Annals of the Rheumatic Diseases*, 66(7), 936-39.

Dittner, A.J., Wessely, S.C., & Brown, R.G. (2004). The assessment of fatigue. A practical guideline for clinicians and researchers. *Journal of Psychosomatic Research*, 56, 157-170.

Hardy, S., & Studenski, S. (2008). Fatigue and function over 3 years among older adults. *Journals of Gerontology Series A: Biological Sciences & Medical Sciences*, 63A(12), 1389-1392.

Hardy, S., & Studenski, S. (2008). Fatigue predicts mortality in older adults. *JAGS*, 56(10), 1910-1914.

Salsman, J., Beamont, J., Wortman, K., Yan, Y., Friend, J., & Cella, D. (2015). Brief versions of the FACIT-fatigue and FAACT subscales for patients with non-small cell lung cancer cachexia. *Supportive Care in Cancer*, 23(5), 1355-1364.

Tennant, K.F., Takacs, S.E., Gau, J-T, Clark, B.C., & Russ, D.W. (2012). A preliminary study of symptomatic fatigue in rural older adults. *Aging Clinical & Experimental Research*, 24(4), 324-330.

Webster, K., & Cella, D., & Yost, K. (2003). The functional assessment of chronic illness therapy (FACIT) measurement system: Properties, applications, and interpretation. *Health and Quality of Life Outcomes*, 1(79), 1-7.

Functional Assessment of Chronic Illness Therapy (FACIT) Fatigue Scale (Version 4)

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**.

		Not At All	A Little Bit	Somewhat	Quite a Bit	Very Much
1	I feel fatigued	0	1	2	3	4
2	I feel weak all over	0	1	2	3	4
3	I feel listless ("washed out")	0	1	2	3	4
4	I feel tired	0	1	2	3	4
5	I have trouble <u>starting</u> things because I am tired	0	1	2	3	4
6	I have trouble <u>finishing</u> things because I am tired	0	1	2	3	4
7	I have energy	0	1	2	3	4
8	I am able to do my usual activities	0	1	2	3	4
9	I need to sleep during the day	0	1	2	3	4
10	I am too tired to eat	0	1	2	3	4
11	I need help doing my usual activities	0	1	2	3	4
12	I am frustrated by being too tired to do the things I want to do	0	1	2	3	4
13	I have to limit my social activity because I am tired	0	1	2	3	4

Scoring: Items are scored as follows: 4=Not At All; 3=A Little Bit; 2=Somewhat; 1=Quite A Bit; 0=Very Much, EXCEPT items #7 and #8 which are reversed scored. Score range 0-52. A score of less than 30 indicates severe fatigue. The higher the score, the better the quality of life.

Item Number	Reverse Item?		Item Response	Item Score
1	4	-		=
2	4	-		=
3	4	-		=
4	4	-		=
5	4	-		=
6	4	-		=
7	0	+		=
8	0	+		=
9	4	-		=
10	4	-		=
11	4	-		=
12	4	-		=
13	4	-		=

Sum individual item scores: _____

Multiply by 13: _____

Divide by number of items answered: _____

For guidelines on handling missing data and scoring options, please refer to the Administration and Scoring Guidelines on-line at www.facit.org.

Source: Webster, K., Cella, D., & Yost, K. (2003). The functional assessment of chronic illness therapy (FACIT) measurement system: properties, applications and interpretation. *Health and Quality of Life Outcomes*, 1(79), 1-7.

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