The Vanderbilt Fatigue Scale for Adults-10-item version (VFS-A-10):

A Quick Guide to Administration, Interpretation, & Clinical Follow-up

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VFS-A-10:

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Vanderbilt Fatigue Scale (VFS-A-10):

Administration, Interpretation & Clinical Follow-up

The VFS-A-10 is a standardized measure used to assess fatigue associated with a patient's listening difficulties. VFS-A-10 scores can be used to identify individuals experiencing severe and recurrent listening-related fatigue and to monitor changes in fatigue over time following intervention.

STEP 1: Administer the VFS-A-10

Adults can complete the VFS-A-10 on their own; however, clinicians should review the questionnaire once completed to ensure all questions are answered. In addition, the clinician should ask probing questions if the patient responds "often" or "almost always/always" to a question to better understand their experience in that situation. For example, if a patient responds that it "often" takes a lot of energy to listen and understand (question 10), ask "Where are you when this occurs?" "What is happening during this time?" Make note of their answers as this information may be potentially useful for identifying target situations or behaviors for intervention.

STEP 2: Score the VFS-A

Score	Indication	Recommendation
≥ 25	Scores in this range suggest the patient is experiencing frequent listening-related fatigue in **many** situations. Such scores are rare in adults without hearing loss (<1% of cases).	Additional follow-up/ intervention is warranted.
20-24	Scores in this range are more than 2 standard deviations (SDs) above the mean score of adults' w/o HL and suggest the patient is regularly experiencing fatigue-related issues in at least **some** situations. Such fatigue-related issues may impact day-to-day activities and quality of life.	Monitor fatigue-related issues- re-administer the VFS-A at the next scheduled appointment. Intervention may be warranted based on patient feedback and interview.
≤ 19	Scores in this range fall within 2 SDs of the mean score of adults' w/o HL. Fatigue-related difficulties are relatively uncommon and unlikely to have significant negative effects on quality of life.	Re-administer VFS-A if a change in hearing or perceived hearing difficulties is noted.

STEP 3: Counsel and Intervene

- <u>If the patient score is ≥25:</u>
  1. Educate the patient on the relationship between hearing difficulties and listening fatigue. Due to the severity of their fatigue-related complaints, follow-up and intervention is recommended.
  2. Use VFS-A-10 items where patient reports fatigue-related issues occur "Often" or "Almost Always/Always" to guide counseling and identify high fatigue situations for targeted intervention.
  3. Recommend and implement a targeted intervention based on patient's complaints and situation. For example, provide/encourage consistent use of auditory prosthetics (e.g., hearing aids, cochlear implants) or assistive listening devices (e.g., remote microphones) and counsel on best-practice strategies to optimize listening in problematic situations (e.g., optimize SNR, visual cues, etc…) to reduce listening effort. Implement behavioral strategies such as scheduled listening breaks and structuring daily activities to minimize fatigue development in problematic listening environments.
  4. Readminister the VFS approximately 2-4 weeks post implementation of your targeted intervention.

- <u>If the patient score is 20-24:</u>
  1. Educate the patient on the relationship between hearing difficulties and listening fatigue. Within this score range, a patient should be monitored and *may* require additional follow-up/intervention based on patient feedback.
  2. Use VFS-A-10 items, if any, where patient reports fatigue-related issues occur "Often" or "Almost Always/Always" to guide counseling and identify high fatigue situations for future monitoring or to determine if targeted interventions are warranted at this time.
  3. If warranted based on patient feedback, implement targeted intervention based on patient's complaints and situation. For example, provide/encourage consistent use of auditory prosthetics (e.g., hearing aids, cochlear implants) or assistive listening devices (e.g., remote microphones) and counsel on best-practice strategies to optimize listening in problematic situations (e.g., optimize SNR, visual cues, etc…) to reduce listening effort. Implement behavioral strategies such as scheduled listening breaks and structuring daily activities to minimize fatigue development in problematic listening environments.
  4. Readminister the VFS approximately 2-4 weeks post implementation of your targeted intervention or at the patient's next scheduled appointment if targeted interventions were not implemented at this time.