

FATIGUE SEVERITY SCALE (FSS)

Date _____ Name _____

Please circle the number between 1 and 7 which you feel best fits the following statements. This refers to your usual way of life within the last week. 1 indicates “strongly disagree” and 7 indicates “strongly agree.”

Read and circle a number.	Strongly Disagree	→	Strongly Agree
1. My motivation is lower when I am fatigued.	1	2	3 4 5 6 7
2. Exercise brings on my fatigue.	1	2	3 4 5 6 7
3. I am easily fatigued.	1	2	3 4 5 6 7
4. Fatigue interferes with my physical functioning.	1	2	3 4 5 6 7
5. Fatigue causes frequent problems for me.	1	2	3 4 5 6 7
6. My fatigue prevents sustained physical functioning.	1	2	3 4 5 6 7
7. Fatigue interferes with carrying out certain duties and responsibilities.	1	2	3 4 5 6 7
8. Fatigue is among my most disabling symptoms.	1	2	3 4 5 6 7
9. Fatigue interferes with my work, family, or social life.	1	2	3 4 5 6 7

VISUAL ANALOGUE FATIGUE SCALE (VAFS)

Please mark an “X” on the number line which describes your global fatigue with 0 being worst and 10 being normal.

0	1	2	3	4	5	6	7	8	9	10
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