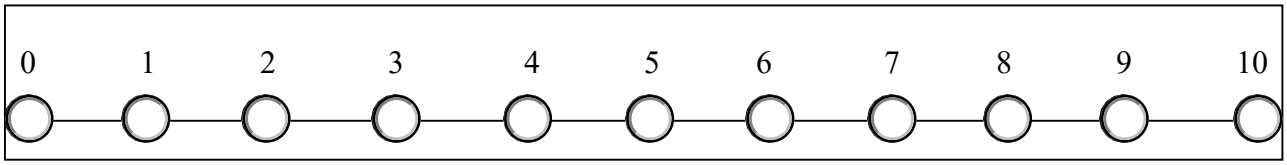
FATIGUE SEVERITY SCALE (FSS)

Date_____ Name _____

Please check the box 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."

Clear Form

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 check the box that best describes your global fatigue with 0 being worst and 10 being normal.