FATIGUE SEVERITY SCALE (FSS)

Date _____ Name _____

DOB: _____

Please **place an "X"** under 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 check 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 **place an "X"** on the number line which describes your global fatigue with "0" being worst and "10" being normal.

1	2	3	4	5	6	7	8	9	10