

## 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 |
|---|---|---|---|---|---|---|---|---|---|----|