



Fatigue Severity Scale (FSS)

Date _____ Name _____

The FSS questionnaire contains nine statements that attempt to explore severity of fatigue symptoms. Read each statement and circle a number from 1 to 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.

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|---|---|---|---|---|---|---|---|---|---|----|
| 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
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