

# Fatigue Severity Scale (FSS)

## FATIGUE SEVERITY SCALE (FSS)

Name: \_\_\_\_\_ Date: \_\_\_\_\_ dd / mm / yyyy

Age: \_\_\_\_\_

Gender:

Male  Female  Other

Instructions Please select 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."

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