

## Fatigue Severity Scale (FSS)

Your Name \_\_\_\_\_

Date: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

This questionnaire contains nine statements that rate the severity of your fatigue symptoms. Read each statement and circle a number from 1 to 7, based on how accurately it reflects your condition during the past week and the extent to which you agree or disagree that the statement applies to you.

\*\*\*A low value (e.g. 1) indicates strong disagreement with the statement, whereas a high value (e.g. 7) indicates strong agreement.

*During the past week, I have found that:*

Disagree ←————→ 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 three 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 |

**Total Score:** \_\_\_\_\_