Fatigue Severity Scale (FSS)

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Name: _____ Date: _____ dd / mm / yyyy

Age: _____

Gender:

◯ Male ◯ Female ◯ Other

InstructionsPlease 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