

Fatigue Severity Scale (FSS)

Name: _____ D.O.B.: _____ Date: _____

Please circle the number that best describes your experience with the following statements. This refers to your average way of life with in the last week.

1 indicates “strongly disagree” and 7 indicates “strongly agree”

		1	2	3	4	5	6	7
1	My motivation is lower when I am fatigued.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2	Exercise brings on my fatigue.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3	I am easily fatigued.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4	Fatigue interferes with my physical functioning.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5	Fatigue causes frequent problems for me.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6	My fatigue prevents sustained physical functioning.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7	Fatigue interferes with carrying out certain duties and responsibilities.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8	Fatigue is among my most disabling symptoms.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9	Fatigue interferes with my work, family, or social life.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Visual Analogue Fatigue Scale (VAFS)

Please select which describes your general fatigue with 0 being the worst and 10 being normal.

1 Constant Fatigue → 10 Regular Fatigue										
1	2	3	4	5	6	7	8	9	10	