FATIGUE SEVERITY SCALE (FSS)

Date _____ Name _____

Please circle 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."

Read and circle a number.		Strongly Disagree \rightarrow Agree				rongly	
1. My motivation is lower when I am	1		3	4	5	6	7
fatigued.							
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	1	2	3	4	5		
functioning.							