

## FATIGUE SEVERITY SCORE

<b>SURNAME</b>	
<b>FIRST NAME</b>	
<b>DATE OF BIRTH</b>	
<b>DATE</b>	

Read each statement and mark a number from 1-7, 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.

It is important you circle a number (1 to 7) for every question.

**Please place a tick mark - ✓ - in the appropriate box**

		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 problem 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 of 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	
<b>TOTAL =</b>							<b>/63</b>		