

# Fatigue Severity Scale (FSS)

Name: \_\_\_\_\_

Age: \_\_\_\_\_ Gender: \_\_\_\_\_ Date: \_\_\_\_\_

Please 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.”**

Read and choose a number.

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

Krupp, L. B., LaRocca, N. G., Muir-Nash, J., & Steinberg, A. D. (1989). *Fatigue Severity Scale (FSS)* [Database record]. *APA PsycTests*. <https://doi.org/10.1037/t25491-000>