

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>