



Regional Sleep Disorders Center
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FATIGUE SEVERITY SCALE QUESTIONNAIRE

Read each statement and check or circle a number from 1 to 7, depending on how appropriate they felt the statement applied to them over the preceding week. A low value indicates that the statement is not very appropriate whereas a high value indicates agreement (1 disagree, 7 agree).

During the past week, I have found that:

My motivation is lower when I am fatigued. 1 2 3 4 5 6 7

Exercise brings on my fatigue. 1 2 3 4 5 6 7

I am easily fatigued. 1 2 3 4 5 6 7

Fatigue interferes with my physical functioning. 1 2 3 4 5 6 7

Fatigue causes frequent problems for me. 1 2 3 4 5 6 7

My fatigue prevents sustained physical functioning. 1 2 3 4 5 6 7

Fatigue interferes with carrying out certain duties and responsibilities.
1 2 3 4 5 6 7

Fatigue is among my three most disabling symptoms. 1 2 3 4 5 6 7

Fatigue interferes with my work, family, or social life. 1 2 3 4 5 6 7

Calculate the average response to the questions (adding up all the answers and dividing by nine) and share the results with your physician or sleep specialist.