

*Pulmonary and Sleep
Associates of Marin*



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PATIENT NAME: _____
DATE OF BIRTH: _____
TODAY'S DATE: _____

In the past 2 weeks, please mark how you feel regarding the 9 statements below. Circle one number per item:

Fatigue Severity Scale (FSS, English version)*

	<i>strongly disagree</i> ←————→ <i>strongly agree</i>						
	1	2	3	4	5	6	7
1. My motivation is lower when I am fatigued.	0	0	0	0	0	0	0
2. Exercise brings on my fatigue.	0	0	0	0	0	0	0
3. I am easily fatigued.	0	0	0	0	0	0	0
4. Fatigue interferes with my physical functioning.	0	0	0	0	0	0	0
5. Fatigue causes frequent problems for me.	0	0	0	0	0	0	0
6. My fatigue prevents sustained physical functioning.	0	0	0	0	0	0	0
7. Fatigue interferes with carrying out certain duties and responsibilities.	0	0	0	0	0	0	0
8. Fatigue is among my three most disabling symptoms.	0	0	0	0	0	0	0
9. Fatigue interferes with my work, family, or social life.	0	0	0	0	0	0	0

(Krupp et al, Arch Neurology 1989; Bauman et al, Sleep 2008)

TOTAL SCORE: _____