

*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:** \_\_\_\_\_