

Purpose The FSS is a nine-item instrument designed to assess fatigue as a symptom of a variety of different chronic conditions and disorders. The scale addresses fatigue's effects on daily functioning, querying its relationship to motivation, physical activity, work, family, and social life, and asking respondents to rate the ease with which they are fatigued and the degree to which the symptom poses a problem for them.

Population for Testing The scale was initially validated in a population of patients with multiple sclerosis and systemic lupus erythematosus. Participants had a mean age of 35.6 ± 8.9 years. The scale has also been used to assess patients with chronic hepatitis C [1], Parkinson's disease [2], and chronic renal failure [3].

Administration The scale is a self-report, paper-and-pencil measure requiring 2–3 min for completion.

Reliability and Validity Developers Krupp and colleagues [4] conducted an initial psychometric evaluation of the FSS and found an internal consistency of .88 and a test–retest reliability of .84. Scores on the FSS were significantly higher for individuals with multiple sclerosis and systemic

lupus erythematosus than they were for healthy control participants; additionally, results on the FSS were found to be significantly correlated with scores obtained using a previously established measure of fatigue.

Obtaining a Copy A copy of the scale's items can be found in the original article published by developers [4].

Direct correspondence to:

Lauren R. Krupp
 Department of Neurology, School of Medicine
 Health Sciences Center, State University of New
 York at Stony Brook
 Stony Brook, NY 11794-8121, USA

Scoring Respondents use a scale ranging from 1 (“completely disagree”) to 7 (“completely agree”) to indicate their agreement with nine statements about fatigue. A visual analogue scale is also included with the scale; respondents are asked to denote the severity of their fatigue over the past 2 weeks by placing a mark on a line extending from “no fatigue” to “fatigue as bad as could be.” Higher scores on the scale are indicative of more severe fatigue.

FATIGUE SEVERITY SCALE

During the past week, I have found that:	Strongly Disagree			Neither Agree Nor Disagree			Strongly Agree
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 three most disabling symptoms.	1	2	3	4	5	6	7
8. Fatigue interferes with my work, family, or social life.	1	2	3	4	5	6	7

Krupp et al.[4]. Copyright © 1989 American Medical Association. All rights reserved.

References

1. Kleinman, L., Zodet, M. W., Hakim, Z., Aledort, J., Barker, C., Chan, K., Krupp, L., & Revicki, D. (2000). Psychometric evaluation of the fatigue severity scale for use in chronic hepatitis C. *Quality of Life Research*, 9, 499–508.
2. Herlofson, L., & Larsen, J. P. (2002). Measuring fatigue in patients with Parkinson's disease – the fatigue severity scale. *European Journal of Neurology*, 9, 595–600.
3. Schneider, R. A. (2004). Chronic renal failure: assessing the fatigue severity scale for use among caregivers. *Journal of Clinical Nursing*, 13(2), 219–225.
4. Krupp, L. B., LaRocca, N. G., Muir-Nash, J., & Steinberg, A. D. (1989). The fatigue severity scale: application to patients with multiple sclerosis and systemic lupus erythematosus. *Archives of Neurology*, 46, 1121–1123.

Representative Studies Using Scale

- Téllez, N., Ríó, J., Tintoré, M., Nos, C., Galán, I., & Montalban, X. (2006). Fatigue in multiple sclerosis persists over time. *Journal of Neurology*, 253(11), 1466–1470.
- Naess, H., Waje-Andreassen, U., Thomassen, L., Nyland, H., & Myhr, K. M. (2006). Health-related quality of life among young adults with ischemic stroke on long-term follow-up. *Stroke*, 37, 1232–1236.