FATIGUE SYMPTOM INVENTORY (FSI)

interference

FSI For each of the following, circle the one number that best indicates how that item applies to you. 1. Rate your level of fatigue on the day you felt most fatigued during the past week: 10 Not at all As fatigued fatigued as I could be Rate your level of fatigue on the day you felt least fatigued during the past week: 10 Not at all As fatigued fatigued as I could be 3. Rate your level of fatigue on the average during the past week: 1 7 8 10 Not at all As fatigued fatigued as I could be 4. Rate your level of fatigue right now: 5 6 7 8 10 Not at all As fatigued fatigued as I could be Rate how much, in the past week, fatigue interfered with your general level of activity: 5 6 8 10 No Extreme interference interference Rate how much, in the past week, fatigue interfered with your ability to bathe and dress yourself: 5 10 No Extreme interference interference Rate how much, in the past week, fatigue interfered with your normal work activity (includes both work outside the home and housework): 8 10 No Extreme

interference

For each of the following, circle the one number that best indicates how that item applies to you.

8. Rate how much, in the past week, fatigue interfered with your ability to concentrate:											
i	0 No interferer	l ice	2	3	4	5	6	7	8	9	10 Extreme interference
9. Rate how much, in the past week, fatigue interfered with your relations with other people:											
i	0 No interferes	l ice	2	3	4	5	6	7	8	9	10 Extreme interference
10. Rate how much, in the past week, fatigue interfered with your enjoyment of life:											
i	0 No interferes	l ice	2	3	4	5	6	7	8	9	10 Extreme interference
11. Rate how much, in the past week, fatigue interfered with your mood :											
i	0 No interferer	l ice	2	3	4	5	6	7	8	9	10 Extreme interference
12. Indicate how many days, in the past week, you felt fatigued for any part of the day:											
	0 Days	1	2	3	4	5	6	7 Days			
13. Rate how much of the day, on average, you felt fatigued in the past week:											
	0 None of the day	1	2	3	4	5	6	7	8	9	10 The entire day
14. Indicate which of the following best describes the daily pattern of your fatigue in the past week:											
0 Not at all fatigued			I Worse in the morning			2 Worse in afterno		3 Worse in the evening			4 consistent daily attern of fatigue
Fatigue Symptom Inventory, Moffitt Cancer Center and University of South Florida, Tampa, FL ©1998											

FSI Scoring

Each item on the FSI can be scored as an individual scale, providing information about that variable. Furthermore, a total Disruption Index can be computed by summing items 5 - 11. Item 14 provides qualitative information only and is not intended to be used as a quantitative scale.