



## FSI

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**:

0 1 2 3 4 5 6 7 8 9 10  
No interference Extreme interference

9. Rate how much, in the past week, fatigue interfered with your **relations with other people**:

0 1 2 3 4 5 6 7 8 9 10  
No interference Extreme interference

10. Rate how much, in the past week, fatigue interfered with your **enjoyment of life**:

0 1 2 3 4 5 6 7 8 9 10  
No interference Extreme interference

11. Rate how much, in the past week, fatigue interfered with your **mood**:

0 1 2 3 4 5 6 7 8 9 10  
No interference Extreme interference

12. Indicate **how many days**, in the past week, you felt fatigued for any part of the day:

0 1 2 3 4 5 6 7  
Days Days

13. Rate **how much of the day**, on average, you felt fatigued in the past week:

0 1 2 3 4 5 6 7 8 9 10  
None of the day The entire day

14. Indicate which of the following best describes the **daily pattern** of your fatigue in the past week:

0 1 2 3 4  
Not at all fatigued Worse in the morning Worse in the afternoon Worse in the evening No consistent daily pattern 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.