

Community Physical Therapy

Fatigue Impact Scale

Name: _____ **Signature:** _____ **Date:** _____

Instructions: Please rate how much of a problem fatigue has caused you in the last month. Press the number that most accurately describes you during the month.

	No Problem	Small Problem	Moderate Problem	Big Problem	Extreme Problem
1. I feel less alert.	0	1	2	3	4
2. I feel that I am more isolated from social contact.	0	1	2	3	4
3. I have to reduce my workload or responsibilities.	0	1	2	3	4
4. I am more moody.	0	1	2	3	4
5. I have difficulty paying attention for a long period.	0	1	2	3	4
6. I feel that I cannot think clearly.	0	1	2	3	4
7. I work less effectively (inside or outside the home).	0	1	2	3	4
8. I have to rely more on others to help me or do things for me.	0	1	2	3	4
9. I have difficulty planning activities ahead of time.	0	1	2	3	4
10. I am more clumsy and uncoordinated.	0	1	2	3	4
11. I find that I am more forgetful.	0	1	2	3	4
12. I am more irritable and more easily angered.	0	1	2	3	4
13. I have to be careful about pacing my physical activities.	0	1	2	3	4
14. I am less motivated to do anything that requires physical effort.	0	1	2	3	4
15. I am less motivated to engage in social activities.	0	1	2	3	4
16. My ability to travel outside my home is limited.	0	1	2	3	4
17. I have trouble maintaining physical effort for long periods.	0	1	2	3	4
18. I find it difficult to make decisions.	0	1	2	3	4
19. I have a few social contacts outside of my home.	0	1	2	3	4
20. Normal day-to-day events are stressful to me.	0	1	2	3	4
21. I am less motivated to do anything that requires thinking.	0	1	2	3	4
22. I avoid situations that are stressful to me.	0	1	2	3	4
23. My muscles feel much weaker than they should.	0	1	2	3	4
24. My physical discomfort is increased.	0	1	2	3	4
25. I have difficulty dealing with anything new.	0	1	2	3	4
26. I am less able to finish tasks that require thinking.	0	1	2	3	4
27. I feel unable to meet the demands that people place on me.	0	1	2	3	4

		No Problem	Small Problem	Moderate Problem	Big Problem	Extreme Problem
28.	I am less able to provide financial support for myself and my family.	0	1	2	3	4
29.	I engage in less sexual activity.	0	1	2	3	4
30.	I find it difficult to organize my thoughts when I am doing things at home or at work.	0	1	2	3	4
31.	I am less able to complete tasks that require physical effort.	0	1	2	3	4
32.	I worry about how I look to other people.	0	1	2	3	4
33.	I am less able to deal with emotional issues.	0	1	2	3	4
34.	I feel slowed down in my thinking.	0	1	2	3	4
35.	I find it hard to concentrate.	0	1	2	3	4
36.	I have difficulty participating fully in family activities.	0	1	2	3	4
37.	I have to limit my physical activities.	0	1	2	3	4
38.	I require more frequent and longer periods of rest.	0	1	2	3	4
39.	I am not able to provide as much emotional support for my family as I should.	0	1	2	3	4
40.	Minor difficulties seem like major difficulties.	0	1	2	3	4

Name: _____

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