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**Daily Fatigue Impact
Scale (D-FIS)**

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- D-FIS Scoring/ Administration instructions
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Construction and validation of a fatigue impact scale for daily administration (D-FIS)

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Abstract

The fatigue impact scale (FIS) was developed previously as a symptom-specific profile measure of health-related quality of life (HRQoL) for use in medical conditions in which fatigue is a prominent chronic symptom. Thus, it was not developed to be a responsive measure of daily changes in fatigue. This study describes the development and initial validation of an adaptation of the FIS for daily use. Items for the daily fatigue impact scale (D-FIS) were selected from the pool of original FIS items through Rasch analyses of existing data. The reduced-item FIS was administered to a sample of 93 subjects with flu-like illness, 25 of whom were followed for a 21-day period. Rasch analyses were used to further reduce the scale to a minimum number of items that represented a unidimensional measure of self-reported fatigue impact. This 8-item D-FIS demonstrated good relations to flu symptom ratings and to other general health ratings. It also proved to be a responsive measure of change in reported fatigue impact for subjects who were followed longitudinally. This initial validation study indicates that the D-FIS has considerable promise as a valid measure of the subjective daily experience of fatigue.

Key words: Fatigue, Health-related quality of life, Influenza, Outcomes

Introduction

Fatigue is one of the most prevalent symptoms in the practices of primary care physicians [1, 2] and is an important feature of many medical conditions. Nevertheless, fatigue remains poorly understood and a difficult symptom to assess. While it is possible to quantify fatigue in the context of muscle activation, it has often proven difficult to identify meaningful measures of muscle activation or neural conduction for patients reporting excessive fatigue (e.g. [3, 4]). Moreover, such measures have limited application to most disease states in which fatigue is a common presenting complaint. Viewing fatigue as simply a neuromuscular issue is a very limited perspective on the subjective experience of fatigue and fails to acknowledge that fatigue typically has wide-ranging consequences for an individual's life [5]. In the field

of mental health, fatigue is considered from a very different perspective and questions addressing the subjective experience of fatigue often constitute assessments of a person's mood (e.g. [6]). However, this perspective too provides only a limited understanding of the effects of fatigue on a person's daily life. Clearly, fatigue is most easily conceptualized as a component of an individual's health-related quality of life (HRQoL) that is not limited to specific medical conditions. Indeed, fatigue is part of most individuals' normal experience, including the lives of physicians as well as their patients [7].

Questions or collections of questions about fatigue have often been included in generic profile measures of HRQoL (e.g., [8, 9]). However, generic profile measures are typically considered to lack the sensitivity necessary to document small but meaningful changes in the symptom(s) or

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Impact of fatigue in Parkinson's disease: The fatigue impact scale for daily use (D-FIS)

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Abstract

The Fatigue Impact Scale for Daily Use (D-FIS) was used in a cross-sectional study including 142 consecutive Parkinson's disease (PD) patients. Usual clinical measures for PD, the Montgomery-Asberg Depression Rating Scale and the Parkinson's Disease Questionnaire-8 items were applied. In addition to the D-FIS, patients with fatigue (67.6%, PWF) completed the Multidimensional Fatigue Inventory (MFI), a visual analogue scale for fatigue (VAS-F) and a Global Perception of Fatigue scale (GPF). Relevant psychometric D-FIS results were: floor effect=4.2%; ceiling effect=1.1%; skewness=0.44; item homogeneity=0.63; Cronbach's α =0.93; item-total correlation=0.68 (item 1)–0.82 (item 8); standard error of measurement=2.15; convergent validity with other fatigue measures=0.54 [GPF]–0.62 [VAS-F] ($p < 0.001$). In a multiple linear regression model, fatigue, depression, and disability independently influenced HRQoL, as measured by the PDQ-8. Patients on amantadine had lower prevalence of fatigue. In PD, D-FIS is a consistent and valid measure for fatigue, a frequent symptom previously found to impair patients' HRQoL. Fatigue was also linked to depression and disability in this study.

Key words: Amantadine, Assessment, D-FIS, Fatigue, Parkinson's disease, Psychometric attributes, Quality of life

Abbreviations: FIS – Fatigue Impact Scale; D-FIS – Fatigue Impact Scale for daily use; GPF – Global Perception of Fatigue scale; HRQoL – Health-related quality of life; HY – Hoehn and Yahr Classification; ISAPD – Intermediate Scale for Assessment of Parkinson's Disease; IR – Interquartile rank; MADRS – Montgomery-Asberg Depression Rating Scale; MFI – Multidimensional Fatigue Inventory; MFI-GF – Multidimensional Fatigue Inventory-General Fatigue; PD – Parkinson's disease; PDQ-8 – Parkinson's Disease Questionnaire-8 Items; PDQ-8 SI – Parkinson's Disease Questionnaire-8 Items Summary Index; PWF – Patients with fatigue; PNF – Patients without fatigue; SES – Schwab and England Scale; UPDRS – Unified Parkinson's Disease Rating Scale; VAS-F – Visual analogue scale for fatigue

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Daily Fatigue Impact Scale (D-FIS)

Scoring & Administration.

Fatigue is one of the most prevalent symptoms in the practices of primary care physicians and is a very frequent and, sometimes, vaguely defined symptom. It has been described as the inability to maintain the force or the production of force and, in this sense, it is a prominent manifestation of motor system disorders, such as myopathies and neuromuscular junction diseases.

It can also include – as happens with chronic fatigue syndrome – the ‘inability to maintain sustained thought or mental ability’. In less restrictive terms, fatigue is a subjective sensation of tiredness or lack of energy, whether or not secondary to some specific effort, and is a sensation experienced by most people at one time or another. It inevitably entails diminished work capacity and performance and is an important feature of many medical conditions. Nevertheless, fatigue remains poorly understood and a difficult symptom to assess.

The Fatigue Impact Scale for daily use (D-FIS) uses Rasch analysis. This feature, namely, its design for daily use, makes the D-FIS a unique and potentially useful scale for close follow-up of this symptom in clinical trials and daily practice.

The D-FIS uses a total score that represented the summed ordinal item ratings. While summing ordinal ratings may compromise the measurement properties of the scale, this approach was used in order to produce a scale that was practical and easy to score. These ordinal ratings nevertheless demonstrated high internal consistency and adequate item/total score correlations. The D-FIS appears to be practical for daily administration and seems responsive to clinically meaningful daily changes in the subjective experience of fatigue.

Scoring:

The Daily Fatigue Impact Scale (D-FIS) questionnaire consisting of 8 items, each scored on a 0 to 4 point scale. To get a total D-FIS score .

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THE DAILY FATIGUE IMPACT SCALE (D-FIS)

Fatigue is a feeling of physical tiredness and lack of energy that many people experience from time to time. In certain medical conditions, feelings of fatigue can be more frequent and more of a problem than usual. The following questionnaire has been designed to help us understand how you experience fatigue and how it has affected your life. Below is a list of statements that describe how fatigue may cause problems in people's lives.

Please read each statement carefully and place an "X" in the box that indicates best **HOW MUCH OF A PROBLEM FATIGUE HAS BEEN FOR YOU TODAY**. Please check ONE box for each statement and do not skip any items.

	No Problem 0	Small Problem 1	Moderate Problem 2	Big Problem 3	Extreme Problem 4
1. Because of fatigue, I feel less alert.					
2. Because of fatigue, I have to reduce my workload or responsibilities.					
3. Because of fatigue, I am less motivated to do anything that requires physical effort.					

**This is the end of the SAMLE D-FIS questionnaire.
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