

This is a **Sample** version of the  
**Fatigue Severity Scale (FSS)**

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- FSS Overview information
- FSS Scoring/ Administration instructions
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# Psychometric evaluation of the Fatigue Severity Scale in patients with major depression

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## Abstract

**Purpose** This study aimed to investigate the psychometric properties of the Fatigue Severity Scale (FSS), a widely used unidimensional fatigue measure, in patients with major depression.

**Methods** Subjects included were 72 patients with major depressive disorder, diagnosed with the DSM-IV based M.I.N.I. 5.0.0., without comorbid fatigue-associated conditions and Hamilton Depression Rating Scale (HDRS) scores  $\geq 17$  as well as 40 sex- and age-matched healthy controls. The FSS was administered to patients on two time points separated by a 1-week interval and to controls. The vitality subscale of the 36-item Short Form Health Survey (SF-36vit) and a visual analogue fatigue scale (VASF) were also administered.

**Results** A total of 79.2% of patients vs. 15% of controls were fatigue cases according to the M.I.N.I. fatigue/energy loss item. The distribution of FSS scores was negatively skewed in the patient group, demonstrating a ceiling effect. The FSS presented satisfactory test-retest reliability (intraclass correlation coefficient 0.993), internal consistency (Cronbach's  $\alpha$  coefficient 0.947), concurrent validity (correlations with SF-36vit, VASF and HDRS were  $-0.52$ ,  $0.73$  and  $0.32$ , respectively) and discriminative validity between patients and controls. Factor analysis demonstrated a unidimensional structure. The optimal FSS cutoff score for clinically significant fatigue was 5.4 against the

presence of fatigue/energy loss according to the M.I.N.I. as a 'gold standard'.

**Conclusion** When administered to patients with major depression, the FSS was shown to have satisfactory psychometric properties with the exception of a ceiling effect, which may pose limitations to its use in this population.

**Keywords** Cutoff score · Fatigue · Fatigue Severity Scale · Major depression · Reliability · Validity

## Introduction

Fatigue is a common symptom in the general population [1], a frequent presenting complaint in general practice [2] and is associated with various other conditions, including physical diseases, psychiatric disorders and chronic fatigue syndrome. Fatigue is a core symptom of major depressive disorder (MDD); it is present in 73–97% of depressed patients and has a negative impact on their level of functioning and quality of life [3, 4]. However, fatigue in MDD has been studied far less than in other fatigue-related conditions [5]. Physical and mental fatigue in depressed patients is often confounded with lack of motivation, sleepiness, psychomotor retardation, painful somatic symptoms, apathy, cognitive dysfunction and depression itself [6]. Although fatigue and depression are empirically interrelated and conceptual overlaps between them may actually exist, they are believed to be distinct constructs. For example, although antidepressants have documented efficacy in relieving affective symptoms of depression, fatigue is a common residual symptom with a slow and poor response to treatment [7].

As fatigue is essentially a subjective experience, it has proved extremely difficult to define and conceptualize;

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# FATIGUE SEVERITY SCALE (FSS)

## Scoring & administration

The severity of fatigue reported by patients and controls during the last 2 weeks prior to assessment was recorded by means of the FSS, an established, self-report fatigue questionnaire, comprising 9 items measuring subjective fatigue, i.e. the degree to which fatigue symptoms have an impact on various aspects of functioning. Each item was rated on a 7-point Likert scale (1 'strongly disagree' to 7 'strongly agree').

**Purpose.** The FSS was developed to assess disabling fatigue in multiple sclerosis (MS) and systemic lupus erythematosus (SLE), and was published in 1989.

**Content.** The FSS covers physical, social, or cognitive effects of fatigue (e.g., function, work, motivation). Number of items. 9 items to produce a global score.

**Response options.** 7 options from "Strongly disagree" to "Strongly agree" (1–7).

**Recall period for items.** The past week.

**Method of administration.** Patient self-report, pen and paper.

**Scoring:** Items are.

**Score interpretation.** Scores range from.

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## FATIGUE SEVERITY SCALE (FSS)

Date \_\_\_\_\_ Name \_\_\_\_\_

Please circle the number between 1 and 7 which you feel best fits the following statements. This refers to your usual way of life within the last week. 1 indicates “strongly disagree” and 7 indicates “strongly agree.”

| <b>Read and circle a number.</b>                    | Strongly 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 |

**This is the end of the SAMPLE FSS questionnaire.  
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