

Fatigue Impact Scale (U-FIS)

Below is a list of items that describe the impact of fatigue on people's lives. Please circle the response that best applies to you for each item.

Due to your fatigue, over the last *week* how much of the time have you...?

		Never	A little of the time	About half the time	A lot of the time	All the time
1	Run out of energy quickly	0	1	2	3	4
2	Lacked motivation to engage in social activities	0	1	2	3	4
3	Had difficulty dealing with anything new	0	1	2	3	4
4	Found it difficult to organise your thoughts while doing things at home or at work	0	1	2	3	4
5	Found normal day-to-day events stressful	0	1	2	3	4
6	Had to keep stopping and resting	0	1	2	3	4
7	Had difficulty finishing tasks that require thinking	0	1	2	3	4

		Never	A little of the time	About half the time	A lot of the time	All the time
8	Felt you had no energy left for enjoyment/fun	0	1	2	3	4
9	Not felt alert	0	1	2	3	4
10	Had to force yourself to do things	0	1	2	3	4
11	Found it difficult to make decisions	0	1	2	3	4
12	Found that minor difficulties seem like major difficulties	0	1	2	3	4
13	Had difficulty paying attention for a long period of time	0	1	2	3	4
14	Felt unable to meet the demands that people place on you	0	1	2	3	4