**Modified Fatigue Impact Scale (MFIS)**

Below is a list of statements that describe how fatigue may affect a person. Fatigue   
is a feeling of physical tiredness and lack of energy that many people experience from   
time to time. In medical conditions can feelings of fatigue occur more often and have a greater impact than usual. Please read each statement carefully, and then **circle the one number** that best indicates how often fatigue has affected you in this way during the **past 4 weeks**.

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| --- | --- | --- | --- | --- | --- | --- |
| **Because of my fatigue during the past 4 weeks…** | | Never | Rarely | Sometimes | Often | Almost always |
| 1 | I have been less alert. | 0 | 1 | 2 | 3 | 4 |
| 2 | I have had difficulty  paying attention for  long periods of time. | 0 | 1 | 2 | 3 | 4 |
| 3 | I have been unable to  think clearly. | 0 | 1 | 2 | 3 | 4 |
| 4 | I have been clumsy  and uncoordinated. | 0 | 1 | 2 | 3 | 4 |
| 5 | I have been forgetful. | 0 | 1 | 2 | 3 | 4 |
| 6 | I have had to pace myself  in my physical activities. | 0 | 1 | 2 | 3 | 4 |
| 7 | I have been less motivated  to do anything that requires physical effort. | 0 | 1 | 2 | 3 | 4 |
| 8 | I have been less motivated  to participate in social activities. | 0 | 1 | 2 | 3 | 4 |
| 9 | I have been limited in my ability to do things away from home. | 0 | 1 | 2 | 3 | 4 |
| 10 | I have had trouble maintaining physical effort for long periods. | 0 | 1 | 2 | 3 | 4 |
| 11 | I have had difficulty  making decisions. | 0 | 1 | 2 | 3 | 4 |
| 12 | I have been less motivated  to do anything that requires thinking. | 0 | 1 | 2 | 3 | 4 |
| 13 | my muscles have felt weak. | 0 | 1 | 2 | 3 | 4 |
| 14 | I have been physically uncomfortable. | 0 | 1 | 2 | 3 | 4 |
| 15 | I have had trouble finishing tasks that require thinking. | 0 | 1 | 2 | 3 | 4 |
| 16 | I have had difficulty organising my thoughts when doing things at home or at work. | 0 | 1 | 2 | 3 | 4 |
| 17 | I have been less able to complete tasks that require physical effort. | 0 | 1 | 2 | 3 | 4 |
| 18 | my thinking has been  slowed down. | 0 | 1 | 2 | 3 | 4 |
| 19 | I have had trouble concentrating. | 0 | 1 | 2 | 3 | 4 |
| 20 | I have limited my  physical activities. | 0 | 1 | 2 | 3 | 4 |
| 21 | I have needed to rest more often or for longer periods. | 0 | 1 | 2 | 3 | 4 |