

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**.

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

