

Patient's Name: _____

Date: ____/____/____
month day year

ID#: _____

Test#: 1 2 3 4

MODIFIED FATIGUE IMPACT SCALE – 5-ITEM VERSION (MFIS-5)

Following 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 like MS, feelings of fatigue can 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. (If you need help in marking your responses, tell the interviewer the number of the best response.) Please answer every question. If you are not sure which answer to select, please choose the one answer that comes closest to describing you. The interviewer can explain any words or phrases that you do not understand.

Because of my fatigue during the past 4 weeks...

	<u>Never</u>	<u>Rarely</u>	<u>Sometimes</u>	<u>Often</u>	<u>Almost always</u>
1. I have been less alert	0	1	2	3	4
2. I have been limited in my ability to do things away from home.	0	1	2	3	4
3. I have had trouble maintaining physical effort for long periods.	0	1	2	3	4
4. I have been less able to complete tasks that require physical effort.	0	1	2	3	4
5. I have had trouble concentrating.	0	1	2	3	4