## Fatigue Severity Scale (FSS)

### Assessment Overview

<table>
<thead>
<tr>
<th>Assessment Area</th>
<th>Summary</th>
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<tbody>
<tr>
<td><strong>ICF Domain:</strong> Body Function</td>
<td>The Fatigue Severity Scale (FSS) originally developed for use among individuals with Multiple Sclerosis. It captures the individual’s experience of mental or psychological fatigue and how it interferes with performing certain activities (exercise, work and family life).</td>
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<td><strong>Subcategory:</strong> Mental Function</td>
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<table>
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<tr>
<th>Assessment Length</th>
<th>Availability</th>
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<tbody>
<tr>
<td><strong>9 items</strong></td>
<td>Download here: <a href="http://www.scireproject.com/sites/default/files/worksheet_fatigue_severity_scale_fss.docx">http://www.scireproject.com/sites/default/files/worksheet_fatigue_severity_scale_fss.docx</a></td>
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| Training Required | | |
|-------------------|----| |
| **None** | Available in: English, German, Turkish and Norwegian |

### Measurement Properties

#### Validity

- **Excellent correlation with Vaisual Analog Scale for Fatigue (VAS-F):**
  - Pearson’s r = 0.67, P<.000
  - (Anton et al. 2008; n=48, 31 males, motor complete SCI, tertiary care)
- **Adequate correlation with Centre for Epidemiologic Studies Depression Scale (CES-D):**
  - Pearson’s r = 0.58, P=.001
  - (Anton et al. 2008; n=48, 31 males, motor complete SCI, tertiary care)
- **Adequate inverse correlation with Short Form-36 (SF-36):**
  - Pearson’s r = 0.48, P=.010
  - (Anton et al. 2008; n=48, 31 males, motor complete SCI, tertiary care)
- **Poor correlation between change in FSS and change in SCIM III:**
  - Spearman’s r = 0.283, p = 0.031
  - (Menon et al. 2011; n=277, 92 male)
- **Adequate ROC Analysis:**
  - Area under the curve = 0.799
  - (Anton et al. 2008; n=48, 31 males, motor complete SCI, tertiary care)

| Number of studies reporting validity data: | 2 |

#### Reliability

- **Excellent Test-retest Reliability (2 weeks):**
  - Total ICC = 0.84 (95% CI = 0.74–0.90)
  - Items ICC ranged from 0.32-0.77
  - (Anton et al. 2008; n=48, 31 males, motor complete SCI, tertiary care)
- **Excellent Internal Consistency:**
  - Cronbach’s α = 0.89
  - (Anton et al. 2008; n=48, 31 males, motor complete SCI, tertiary care)

| Number of studies reporting reliability data: | 1 |

#### Responsiveness

- **Floor/Ceiling Effect:**
  - No data available
- **Standardized Response Mean:**
  - No data available
- **Number of studies reporting responsiveness data:**
  - None

### Assessment Interpretability

<table>
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<tr>
<th>Minimal Clinically Important</th>
<th>Minimal Detectable Change</th>
<th>Other Values</th>
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Difference

Not established for the SCI population, but for a rheumatoid arthritis sample:

**Regression-based MCID = 20.2**

**Standardized MCID = 0.74**

(Pouchot et al. 2008; n=61, mean (SD) age: 62.1 (14.8) yrs, 9 males)

**MDC for total FSS = 1.55**

(Anton et al. 2008; n=48, 31 males, motor complete SCI, tertiary care)

**SEM = 0.56**

(Anton et al. 2008; n=48, 31 males, motor complete SCI, tertiary care)

**Total Mean (SD) FSS Score = 4.4 (1.4)**

(Anton et al. 2008; n=48, 31 males, motor complete SCI, tertiary care)

Assuming a FSS cut-score of 4 to indicate significant fatigue and a VAS-F score of over 6 to indicate severe fatigue:

**Sensitivity = 75%**

**Specificity = 67%**

(Anton et al. 2008; n=48, 31 males, motor complete SCI, tertiary care)