Prof. Dr. med. Johannes Mathis
1. Schweizer Praxis für Schlafmedizin
johannes.mathis@hin.ch
www.schlafwachmedizin.ch
GLN-Nr.760100090355
ZSR P581602

Neurozentrum Bern
Schänzlistrasse 45
3013 Bern
T 031 330 60 70
F 031 330 60 74
www.neurozentrum-bern.ch

Fatigue Severity Questionnaire (FSQ_e)

Last name, first name ..... Date of birth: .....

Gender: m / f Date of examination: .....

I find that during the past few weeks, the following has applied to me:

	Don't agree at all						I agree completely
	1	2	3	4	5	6	7
1. I am less motivated when I am tired.	☐	☐	☐	☐	☐	☐	☐
2. Physical exercise makes me tired.	☐	☐	☐	☐	☐	☐	☐
3. I tire quickly	☐	☐	☐	☐	☐	☐	☐
4. My fatigue affects my physical activities	☐	☐	☐	☐	☐	☐	☐
5. My fatigue often causes me problems	☐	☐	☐	☐	☐	☐	☐
6. My fatigue prevents prolonged physical activities	☐	☐	☐	☐	☐	☐	☐
7. My fatigue interferes with my ability to perform certain duties	☐	☐	☐	☐	☐	☐	☐
8. My fatigue is one of the three complaints that hinder me the most	☐	☐	☐	☐	☐	☐	☐
9. My fatigue affects my work, family, or social life	☐	☐	☐	☐	☐	☐	☐