

MULTIDIMENSIONAL ASSESSMENT OF FATIGUE (MAF) SCALE

Instructions: These questions are about fatigue and the effect of fatigue on your activities.

For each of the following questions, circle the number that most closely indicates how you have been feeling during the past week.

For example, suppose you really like to sleep late in the mornings. You would probably circle the number closer to the "a great deal" end of the line. This is where I put it:

Example: To what degree do you usually like to sleep late in the mornings?

1 2 3 4 5 6 7 8 9 10
Not at all A great deal

Now please complete the following items based on the past week.

1. To what degree have you experienced fatigue?

1 2 3 4 5 6 7 8 9 10
Not at all A great deal

If no fatigue, stop here.

2. How severe is the fatigue which you have been experiencing?

1 2 3 4 5 6 7 8 9 10
Mild Severe

3. To what degree has fatigue caused you distress?

1 2 3 4 5 6 7 8 9 10
No distress A great deal of distress

CONTINUED ON NEXT PAGE →

