

Modified Fatigue Impact Scale (MFIS)

Fatigue is a feeling of physical tiredness and lack of energy that many people experience from time to time. But people who have medical conditions like MS experience stronger feelings of fatigue more often and with greater impact than others.

Following is a list of statements that describe the effects of fatigue. Please read each statement carefully, the 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 choose the one answer that comes closest to describing you. Ask the interviewer to explain any words or phrases that you do not understand.

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 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 organizing 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

	Never	Rarely	Sometimes	Often	Almost Always
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

Instructions for Scoring the MFIS

Items on the MFIS can be aggregated into three subscales (physical, cognitive, and psychosocial), as well as into a total MFIS score. All items are scaled so that higher scores indicate a greater impact of fatigue on a person's activities.

Physical Subscale

This scale can range from 0 to 36. It is computed by adding raw scores on the following items: 4+6+7+10+13+14+17+20+21.

0

Cognitive Subscale

This scale can range from 0 to 40. It is computed by adding raw scores on the following items: 1+2+3+5+11+12+15+16+18+19.

0

Psychosocial Subscale

This scale can range from 0 to 8. It is computed by adding raw scores on the following items: 8+9.

0

Total MFIS Score

The total MFIS score can range from 0 to 84. It is computed by adding scores on the physical, cognitive, and psychosocial subscales.

0

Multiple Sclerosis Impact Scale Version 2 (MSIS-29v2)

- The following questions ask for your views about the impact of MS on your day-to-day life in the **past 14 days**.
- For each statement, please circle the one number that best describes your situation.
- Please answer all questions.

In the <u>past 14 days</u> , how much has your MS limited your ability to ...	Not at all	A little	Moderately	Extremely
1. Do physically demanding tasks?	1	2	3	4
2. Grip things tightly (e.g. turning on taps)?	1	2	3	4
3. Carry things?	1	2	3	4

In the <u>past 14 days</u> , how much have you been bothered by ...	Not at all	A little	Moderately	Extremely
4. Problems with your balance?	1	2	3	4
5. Difficulties moving around indoors?	1	2	3	4
6. Being clumsy?	1	2	3	4
7. Stiffness?	1	2	3	4
8. Feelings of heaviness in your arms and/or legs?	1	2	3	4
9. Tremors in your arms and/or legs?	1	2	3	4
10. Spasms in your arms and/or legs?	1	2	3	4
11. Your body not doing what you want it to do?	1	2	3	4
12. Having to depend on others to do things for you?	1	2	3	4

Multiple Sclerosis Impact Scale Version 2 (MSIS-29v2) continued

In the <u>past 14 days</u> , how much have you been bothered by ...	Not at all	A little	Moderately	Extremely
13. Limitations in your social and leisure activities at home?	1	2	3	4
14. Being stuck at home more than you would like to be?	1	2	3	4
15. Difficulties using your hands in everyday tasks?	1	2	3	4
16. Having to cut down on the amount of time you spent on work or other daily activities?	1	2	3	4
17. Problems using transport (e.g. car, bus, train, taxi, etc.)?	1	2	3	4
18. Taking longer to do things?	1	2	3	4
19. Difficulty doing things spontaneously (e.g. going out on the spur of the moment)?	1	2	3	4
20. Needing to go to the bathroom urgently?	1	2	3	4
21. Feeling unwell?	1	2	3	4
22. Problems sleeping?	1	2	3	4
23. Feeling mentally fatigued?	1	2	3	4
24. Worries related to your MS?	1	2	3	4
25. Feeling anxious or tense?	1	2	3	4
26. Feeling irritable, impatient, or short tempered?	1	2	3	4
27. Problems concentrating?	1	2	3	4
28. Lack of confidence?	1	2	3	4
29. Feeling depressed?	1	2	3	4

Twelve Item MS Walking Scale (MSWS-12)

Record form

<input type="text"/>	<input type="text"/>	<input type="text"/>	Date Questionnaire Completed	<input type="text"/>	<input type="text"/>	<input type="text"/>
Subject ID Number		Subject Initials		Day	Month	Year

If you cannot walk at all, please tick this box

<i>In the past two weeks, how much has your MS...</i>	Not at all	A little	Moderately	Quite a lot	Extremely
1. Limited your ability to walk?	1	2	3	4	5
2. Limited your ability to run?	1	2	3	4	5
3. Limited your ability to climb up and down stairs?	1	2	3	4	5
4. Made standing when doing things more difficult?	1	2	3	4	5
5. Limited your balance when standing or walking?	1	2	3	4	5
6. Limited how far you are able to walk?	1	2	3	4	5
7. Increased the effort needed for you to walk?	1	2	3	4	5
8. Made it necessary for you to use support when walking indoors (eg holding on to furniture, using a stick, etc.)?	1	2	3	4	5
9. Made it necessary for you to use support when walking outdoors (eg using a stick, a frame, etc.)?	1	2	3	4	5
10. Slowed down your walking?	1	2	3	4	5
11. Affected how smoothly you walk?	1	2	3	4	5
12. Made you concentrate on your walking?	1	2	3	4	5

From the numbers you circle against these questions, your healthcare professional can calculate your MSWS-12 score. This is done by adding the numbers you have circled, giving a total out of 60, and then transforming this to a scale with a range from 0 to 100. Higher scores indicate a greater impact on walking than lower scores.

To be completed by the healthcare professional

Total score _____ out of 60

Percentage _____ %

