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

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Circle the number that most closely indicates to what degree fatigue has interfered with your ability to do the following activities in the past week. For activities you don’t do, for reasons other than fatigue (e.g. you don’t work because you are retired), check the box.

In the past week, to what degree has fatigue interfered with your ability to:

(NOTE: Check box to the left of each number if you don't do activity)

☐ 4. Do household chores

☐ 5. Cook

☐ 6. Bathe or wash

☐ 7. Dress

☐ 8. Work

☐ 9. Visit or socialize with friends or family

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(NOTE: Check box to the left of each number if you don’t do activity)

☐ 10. Engage in sexual activity

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

☐ 11. Engage in leisure and recreational activities

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

☐ 12. Shop and do errands

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

☐ 13. Walk

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

☐ 14. Exercise, other than walking

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

15. Over the past week, how often have you been fatigued?

4  Every day
3  Most, but not all days
2  Occasionally, but not most days
1  Hardly any days

16. To what degree has your fatigue changed during the past week?

4  Increased
3  Fatigue has gone up and down
2  Stayed the same
1  Decreased