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Fatigue Impact Scale

Brief history

Despite fatigue being one of the most common symptoms presenting in primary care, clinicians and researchers were constrained by a lack of validated, reliable and fatigue-specific measures. In 1994, a Canadian group frustrated by this limitation developed the Fatigue Impact Scale (FIS) [1]. Since then, it remains one of the most widely used tools, although there now exist modified versions [the modified Fatigue Impact Scale (MFIS), the daily FIS, the unidimentional FIS and the abbreviated MFIS]. The FIS has been translated and validated in 30 languages.

Description

It is a detailed and relatively lengthy tool, which takes ~3 min to complete in a non-fatigued person, but may take much longer in a severely fatigued respondent. The subject completes the tool personally, rather than having an interview and thus, no training is required to deliver it. Scoring is simple and is described briefly below (further details can be found from reference [2]). The score reflects functional limitation due to fatigue experienced within the previous month rather than a measure of the level of fatigue. It may be used in both the clinical and the research setting in people for whom fatigue is a predominant symptom.

Items

There are 40 items, each of which is scored 0 (no problem) to 4 (extreme problem), providing a continuous scale of 0–160. It is composed of three subscales that describe how fatigue impacts upon cognitive (10 items), physical (10 items) and psychosocial functioning (10 items). Cognitive functioning concerns concentration, memory, thinking and organization of thoughts. Physical functioning reflects motivation, effort, stamina and coordination. Psychosocial functioning describes the impact of fatigue upon isolation, emotions, workload and coping.

Validity

The FIS has proven to be a robust tool for the patient groups listed below. Internal consistency is high for overall scores and the three subscales (Cronbach's $\alpha \geq 0.87$) [1]. Test–retest reliability is high (0.72–0.83) as is convergent validity [multiple sclerosis (MS) and healthy controls]. Validity as a quality of life measure has been established against the Sickness Impact Profile. External validity has been established in the following patient groups (although it has been used in many more): patients presenting with chronic fatigue, MS, chronic obstructive pulmonary disease, primary biliary sclerosis and chronic hepatitis C infection [1–5].

Key research

FIS is a widely used tool in fatigue research, particularly in MS. It was used in some of the early papers, which established a reliable prevalence of MS-associated fatigue, and refuted many of the common fatigue myths [6]. Its reliability makes it a particularly useful tool for longitudinal studies [7]. It continues to provide evidence supporting clinicians, researchers and patients that fatigue is common, significant and potentially modifiable [8–10].

Source

To obtain a copy of the FIS, a user agreement must be completed and sent to the MAPI research trust [2]. It may be used free of charge for clinical purposes or for unfunded research. Royalty and distribution fees are in place for funded research or for commercial use, see reference [2] for details.

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