

**Title of measure:**  
**Fatigue Symptom Inventory (FSI)**

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**DISCLAIMER:**

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**Brief overview:**

The FSI is a 14 item measure that assesses the severity, frequency, and diurnal variation of fatigue, as well as its perceived interference with quality of life. Severity is measured using four separate items that assess most, least, and average fatigue in the past week as well as current fatigue. Frequency is measured using two separate items that assess the number of days in the past week that respondents felt fatigued as well as the portion of each day on average they felt fatigued. Diurnal variation is measured using a single item that provides descriptive information about daily patterns of fatigue. Perceived interference is measured using seven separate items that assess the degree to which fatigue in the past week was judged to interfere with general level of activity, ability to bathe and dress, normal work activity, ability to concentrate, relations with others, enjoyment of life, and mood. The interference ratings can also be summed to yield a total interference score (1).

**Validated:**

Yes- Preliminary evidence of the reliability and validity of the FSI has been reported for women with breast cancer (2-3) and for men and women with a variety of cancer diagnoses (4). Convergent/divergent validity were demonstrated using comparisons (correlations) with the fatigue scale of the POMS-F and the SF-36 vitality subscale. Construct validity was demonstrated using comparisons between and within groups as well as comparisons with measures of anxiety (State version of the State Trait Anxiety Scale) and depression (Center for Epidemiologic Studies-Depression, CES-D scale).

**Psychometric properties:**

FSI was developed with women undergoing treatment for breast cancer, women who had completed treatment for breast cancer, and women with no history of cancer. Patients rate all items using a 10-point rating scale ranging from “not at all fatigued” (0) to “as fatigued as I could be” (10) ; “no interference” (0) to “extreme interference” (10). The seven item interference subscale was found to have good internal consistency in all three groups of patients with alpha coefficients of 0.94, 0.95, and 0.93, respectively. Test-retest reliability for the entire FSI among cancer patients undergoing treatment yielded strength of correlations ranging from 0.35 to 0.75 as assessed on three separate occasions. Overall, the FSI is

established as a valid and reliable measure of fatigue in cancer patients and healthy individuals. A longer form, the 83-item Multidimensional Fatigue Symptom Inventory (MFSI) with five empirically derived scales has been developed and validated (5). In addition, a short form, the MFSI-SF, is also available at:  
<http://www.cas.usf.edu/~jacobsen/FSI&MFSIpage.htm>.

**Normative data:**

Not published. Reference means for “healthy” comparison group were published (1).

**Clinically significant changes:**

Treatment related change over time and between group differences demonstrated.

**Website or how to register to use:**

No registration required. Additional information about tool and instrument available at:  
<http://www.cas.usf.edu/~jacobsen/FSI&MFSIpage.htm>

**List any fees for usage:**

None

**Languages available:**

English, French, German, Spanish.  
<http://www.cas.usf.edu/~jacobsen/FSI&MFSIpage.htm>

**Instructions for CRAs and or credentialing for administration:**

The FSI, is a self-report instrument that can be completed in a wide variety of settings.

**Time to administer instrument:**

The FSI takes about 5 minutes to complete.  
<http://www.cas.usf.edu/~jacobsen/FSI&MFSIpage.htm>

**Quality assurance for administration (if needed):**

n/a

**Scoring of instrument:**

Available at <http://www.cas.usf.edu/~jacobsen/FSI&MFSIpage.htm>  
Each item on the FSI can be scored as an individual scale, providing information about that variable. Furthermore, a total Disruption Index can be computed by summing items 5 - 11. Item 14 provides qualitative information only and is not intended to be used as a quantitative scale.

**References:**

1. Jacobsen PB Assessment of fatigue in cancer patients. J Natl Cancer Inst Monogr. 2004;(32):93-7. (Review.)
2. Jacobsen PB, Hann DM, Azzarello LM, Horton J, Balducci L, Lyman GH. Fatigue in women receiving adjuvant chemotherapy for breast cancer: characteristics, course, and correlates. J Pain Symptom Manage. 1999 Oct;18(4):233-42.

3. Hann DM, Jacobsen PB, Azzarello LM, Martin SC, Curran SL, Fields KK, Greenberg H, Lyman G. Measurement of fatigue in cancer patients: development and validation of the Fatigue Symptom Inventory. *Qual Life Res.* 1998 May;7(4):301-10.
4. Hann DM, Denniston MM, Baker F. Measurement of fatigue in cancer patients: further validation of the Fatigue Symptom Inventory. *Qual Life Res.* 2000;9(7):847-54.
5. Stein KD, Martin SC, Hann DM, Jacobsen PB. A multidimensional measure of fatigue for use with cancer patients. *Cancer Pract.* 1998 May-Jun;6(3):143-52.

**Instrument:**

This can be downloaded at: <http://www.cas.usf.edu/~jacobsen/FSI&MFSPpage.htm>