

Parkinson's Disease Fatigue Scale (PFS-16)

Printed below are a series of statements about fatigue and the impact that it can have.

How well do the statements describe your own feelings and experiences over the past two weeks?

Read each item and decide how much you agree or disagree with it. Then tick the appropriate box.

Tick only one box for each item and try not to miss any out.

		Strongly disagree	Disagree	Do not agree or disagree	Agree	Strongly agree
1	I have to rest during the day	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	My life is restricted by fatigue	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3	I get tired more quickly than other people I know	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4	Fatigue is one of my three worst symptoms	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5	I feel completely exhausted	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6	Fatigue makes me reluctant to socialise	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7	It takes me longer to get things done because of fatigue	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8	I have a feeling of heaviness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9	If I wasn't so tired I could do more things	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10	Everything I do is an effort	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11	I feel tired for much of the time	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12	I feel totally drained	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13	Fatigue makes it difficult for me to cope with everyday activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14	I feel tired even when I haven't done anything	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15	Because of fatigue I do less in my day than I would like	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16	I get so tired I want to lie down wherever I am	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Scoring method 1

Strong Disagree	1
Disagree	2
Neither agree nor disagree	3
Agree	4
Strongly agree	5

Scoring method 2 *

Strong Disagree	0
Disagree	0
Neither agree nor disagree	0
Agree	1
Strongly agree	1

Score of ≥ 8 indicates the presence of significant fatigue

- * Note: Although Scoring method 2 is easier to compute, a study of the metric properties of the PFS-16 did not recommend its use.

Nilsson MH, Bladh S, Hagell P. Fatigue in Parkinson's Disease: Measurement Properties of a Generic and a Condition-specific Rating Scale. *J Pain Symptom Manage*. 2013 Mar 15; pii: S0885-3924(13)00107-3. doi: 10.1016/j.jpainsymman.2012.11.004. [Epub ahead of print]