Checklist Individual Strength (CIS)

Name: _____ Date: _____

Below are 20 statements. With these statements we wish to get an impression of how you have felt during the last two weeks. If you feel that a statement is entirely true, tick the left box (yes, that is true). If you feel that a statement is not true at all, tick the right box (no, that is not true). If a statement is neither, tick the box that is most in accordance with how you have felt. Do not skip any statement and tick each statement only once.

1. I feel tired.

[ ] 1 (yes, that is true)	7
[ ] 2	6
[ ] 3	5
[ ] 4	4
[ ] 5	3
[ ] 6	2
[ ] 7 (no, that is not true)	1

2. I feel very active.

[ ] 1 (yes, that is true)	1
[ ] 2	2
[ ] 3	3
[ ] 4	4
[ ] 5	5
[ ] 6	6
[ ] 7 (no, that is not true)	7

3. Thinking requires effort.

[ ] 1 (yes, that is true)	7
[ ] 2	6
[ ] 3	5
[ ] 4	4
[ ] 5	3
[ ] 6	2
[ ] 7 (no, that is not true)	1

4. Physically I feel exhausted.

[ ] 1 (yes, that is true)	7
[ ] 2	6
[ ] 3	5
[ ] 4	4
[ ] 5	3
[ ] 6	2
[ ] 7 (no, that is not true)	1

5. I feel like doing lots of nice things.

[ ] 1 (yes, that is true)	1
[ ] 2	2
[ ] 3	3
[ ] 4	4
[ ] 5	5
[ ] 6	6
[ ] 7 (no, that is not true)	7

6. I feel fit.

[ ] 1 (yes, that is true)	1
[ ] 2	2
[ ] 3	3
[ ] 4	4
[ ] 5	5
[ ] 6	6
[ ] 7 (no, that is not true)	7

7. I am physically very active.

[ ] 1 (yes, that is true)	1
[ ] 2	2
[ ] 3	3
[ ] 4	4
[ ] 5	5
[ ] 6	6
[ ] 7 (no, that is not true)	7

8. When I am doing something, I can keep my thoughts on it.

[ ] 1 (yes, that is true)	1
[ ] 2	2
[ ] 3	3
[ ] 4	4
[ ] 5	5
[ ] 6	6
[ ] 7 (no, that is not true)	7

9. I feel powerless.

[ ] 1 (yes, that is true)	7
[ ] 2	6
[ ] 3	5
[ ] 4	4
[ ] 5	3
[ ] 6	2
[ ] 7 (no, that is not true)	1

10. I am physically not very active.

[ ] 1 (yes, that is true)	7
[ ] 2	6
[ ] 3	5
[ ] 4	4
[ ] 5	3
[ ] 6	2
[ ] 7 (no, that is not true)	1

11. I find it easy to focus my mind.

[ ] 1 (yes, that is true)	1
[ ] 2	2
[ ] 3	3
[ ] 4	4
[ ] 5	5
[ ] 6	6
[ ] 7 (no, that is not true)	7

12. I am rested.

[ ] 1 (yes, that is true)	1
[ ] 2	2
[ ] 3	3
[ ] 4	4
[ ] 5	5
[ ] 6	6
[ ] 7 (no, that is not true)	7

13. It takes a lot of effort to concentrate on things.

[ ] 1 (yes, that is true)	7
[ ] 2	6
[ ] 3	5
[ ] 4	4
[ ] 5	3
[ ] 6	2
[ ] 7 (no, that is not true)	1

14. Physically I feel I am in bad form.

[ ] 1 (yes, that is true)	7
[ ] 2	6
[ ] 3	5
[ ] 4	4
[ ] 5	3
[ ] 6	2
[ ] 7 (no, that is not true)	1

15. I have a lot of plans.

[ ] 1 (yes, that is true)	1
[ ] 2	2
[ ] 3	3
[ ] 4	4
[ ] 5	5
[ ] 6	6
[ ] 7 (no, that is not true)	7

16. I tire easily.

[ ] 1 (yes, that is true)	7
[ ] 2	6
[ ] 3	5
[ ] 4	4
[ ] 5	3
[ ] 6	2
[ ] 7 (no, that is not true)	1

17. My level of physical activity is low.

[ ] 1 (yes, that is true)	7
[ ] 2	6
[ ] 3	5
[ ] 4	4
[ ] 5	3
[ ] 6	2
[ ] 7 (no, that is not true)	1

18. I don't feel like doing anything.

[ ] 1 (yes, that is true)	7
[ ] 2	6
[ ] 3	5
[ ] 4	4
[ ] 5	3
[ ] 6	2
[ ] 7 (no, that is not true)	1

19. My thoughts easily wander.

[ ] 1 (yes, that is true)	7
[ ] 2	6
[ ] 3	5
[ ] 4	4
[ ] 5	3
[ ] 6	2
[ ] 7 (no, that is not true)	1

20. Physically I feel I am in an excellent condition.

[ ] 1 (yes, that is true)	1
[ ] 2	2
[ ] 3	3
[ ] 4	4
[ ] 5	5
[ ] 6	6
[ ] 7 (no, that is not true)	7

Scoring

Each item is answered on a 7-point scale between 'yes, that is true' (position 1) and 'no, that is not true' (position 7). Items 2, 5, 6, 7, 8, 11, 12, 15 and 20 are scored 1 to 7 by position. Items 1, 3, 4, 9, 10, 13, 14, 16, 17, 18 and 19 are scored 7 to 1 by position (reversed). The four subscales are the sums of their items. Higher score means more problems.

Subjective fatigue (8 to 56): _____
Concentration problems (5 to 35): _____
Reduced motivation (4 to 28): _____
Reduced physical activity (3 to 21): _____
CIS total (20 to 140): _____

Source: Vercoulen, J. H., Swanink, C. M., Fennis, J. F., Galama, J. M., van der Meer, J. W., & Bleijenberg, G. (1994). Dimensional assessment of chronic fatigue syndrome. Journal of psychosomatic research, 38(5), 383-92. https://doi.org/10.1016/0022-3999(94)90099-x
Online calculator and more: physiotutors.com/questionnaires