

**Article Name**

The use of a functional test battery as a non-invasive method of fatigue assessment

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Neuromuscular Fatigue Questionnaire

Please circle one response for each of the following questions.

1) Are you currently experiencing an increased level of muscular fatigue?

Not at all	Slightly	A fair amount	A moderate amount	A considerable amount	A lot	An Extreme amount
0	1	2	3	4	5	6

2) Is your muscle fatigue causing you difficulty in performing everyday activities? For example: walking up/ down stairs, standing to sitting/ sitting to standing, putting on shoes etc.

Not at all	Slightly	A fair amount	A moderate amount	A considerable amount	A lot	An Extreme amount
0	1	2	3	4	5	6

3) Is your muscular fatigue causing you an increased level of pain?

Not at all	Slightly	A fair amount	A moderate amount	A considerable amount	A lot	An Extreme amount
0	1	2	3	4	5	6

4) Do you feel an increased level of tiredness/general fatigue as a result of your muscular fatigue?

Not at all	Slightly	A fair amount	A moderate amount	A considerable amount	A lot	An Extreme amount
0	1	2	3	4	5	6