



BRIEF FATIGUE INVENTORY

Throughout our lives, most of us have times when we feel very tired or fatigued.

Have you felt unusually tired or fatigued in the last week?

Yes

No

Please rate your fatigue (weariness, tiredness) by circling the one number that best describes your fatigue right NOW.

0 1 2 3 4 5 6 7 8 9 10
 L NO FATIGUE _____ AS BAD AS YOU CAN IMAGINE J

Please rate your fatigue (weariness, tiredness) by circling the one number that best describes your USUAL level of fatigue during the past 24 hours.

0 1 2 3 4 5 6 7 8 9 10
 L NO FATIGUE _____ AS BAD AS YOU CAN IMAGINE J

Please rate your fatigue (weariness, tiredness) by circling the one number that best describes your WORST level of fatigue during the past 24 hours.

0 1 2 3 4 5 6 7 8 9 10
 L NO FATIGUE _____ AS BAD AS YOU CAN IMAGINE J

CIRCLE THE ONE NUMBER THAT DESCRIBES HOW, DURING THE PAST 24 HOURS, FATIGUE HAS INTERFERED WITH YOUR:

General Activity

0 1 2 3 4 5 6 7 8 9 10
 L DOES NOT INTERFERE _____ COMPLETELY INTERFERES J

Mood

0 1 2 3 4 5 6 7 8 9 10
 L DOES NOT INTERFERE _____ COMPLETELY INTERFERES J

Walking Ability

0 1 2 3 4 5 6 7 8 9 10
 L DOES NOT INTERFERE _____ COMPLETELY INTERFERES J

Normal Work (Includes both work outside the home and daily chores)

0 1 2 3 4 5 6 7 8 9 10
 L DOES NOT INTERFERE _____ COMPLETELY INTERFERES J

Relations With Other People

0 1 2 3 4 5 6 7 8 9 10
 L DOES NOT INTERFERE _____ COMPLETELY INTERFERES J

Enjoyment of Life

0 1 2 3 4 5 6 7 8 9 10
 L DOES NOT INTERFERE _____ COMPLETELY INTERFERES J