



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		
└ NO FATIGUE					_____						AS BAD AS YOU CAN IMAGINE	┐

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		
└ NO FATIGUE					_____						AS BAD AS YOU CAN IMAGINE	┐

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		
└ NO FATIGUE					_____						AS BAD AS YOU CAN IMAGINE	┐

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		
└ DOES NOT INTERFERE					_____						COMPLETELY INTERFERES	┐

Mood

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

Walking Ability

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

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

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

Relations With Other People

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

Enjoyment of Life

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