

# Brief Fatigue Inventory

- 1) 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
- 2) 1. Please rate your fatigue (weariness, tiredness) by selecting the one number that best describes your fatigue right NOW.
- ☐ 0 No Fatigue ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 9 ☐ 10 As bad as you can imagine
- 3) 2. Please rate your fatigue (weariness, tiredness) by circling the one number that best describes your USUAL level of fatigue during past 24 hours.
- ☐ 0 No Fatigue ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 9 ☐ 10 As bad as you can imagine
- 4) 3. Please rate your fatigue (weariness, tiredness) by selecting the one number that best describes your WORST level of fatigue during past 24 hours.
- ☐ 0 No Fatigue ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 9 ☐ 10 As bad as you can imagine
4. Select the one number that describes how, during the past 24 hours, fatigue has interfered with your:
- 5) A. General activity
- ☐ 0 Does not interfere ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 9 ☐ 10 Completely interferes
- 6) B. Mood
- ☐ 0 Does not interfere ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 9 ☐ 10 Completely interferes
- 7) C. Walking ability
- ☐ 0 Does not interfere ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 9 ☐ 10 Completely interferes
- 8) D. Normal work (includes both work outside the home and daily chores)
- ☐ 0 Does not interfere ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 9 ☐ 10 Completely interferes
- 9) E. Relationships with other people
- ☐ 0 Does not interfere ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 9 ☐ 10 Completely interferes
- 10) F. Enjoyment of life
- ☐ 0 Does not interfere ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 9 ☐ 10 Completely interferes
- 11) Additional Notes or Comments