Brief Fatigue Inventory											
STUDY ID#			_						НО	SPITAL#	
Date://///									Tim	ne:	
Last			First				Middle Initial				
Throughout our lives, most of us have times when we feel very tired or fatigued.											
Have yo	u felt ur	nusua	lly tire	ed or fa	atigue	d in th	e last	week?	Ye	s No	
1. Pleas	se rate v	our f	atique	e (wear	iness	tired	ness) l	by circl	ing th	e one number	
 Please rate your fatigue (weariness, tiredness) by circling the one number that best describes your fatigue right NOW. 											
	0 No Fatigue	1	2	3	4	5	6	7	8	9 10 As bad as you can ir	
2 Pleas		Our f	otique	o /woor	inoco	tirod	2000	by oirol	ing th	·	
	describ									e one number ours.	liial
		1	2	3	4	5	6	7	8	9 10	
	No Estique									As bad as	
	Fatigue									you can ir	
	se rate y describ									e ne number	that
	0 No	1	2	3	4	5	6		8	9 10 As bad as	
	Fatigue									you can ir	
	e the on ue has i					how	, uri	ng the p	oast 2	4 hours,	
						F /=					
A.	Genera	AI ACTI	ivity 3	1	5	6	7	8	9	10	
Does not Ir	nterfere				3	O	,	O	3	Completely In	nterferes
В.	Mood										
0	1		3	4	5	6	7	8	9	10	
Does not In	nterfere									Completely Ir	nterferes
C.	Walkin	_	-								
0 Does not Ir	1 eterfere	2	3	4	5	6	7	8	9	10 Completely Ir	nterferes
Does not Interfere Completely Interferes D. Normal work (includes both work outside the home and daily chores)											
D.	Norma 1	ı worı 2	K (INCI	luaes b 4	otn w 5	ork ot	itsiae 7	tne nor 8	ne an 9	a dally chores	5)
Does not Ir	nterfere	2	0	7	3	O	,	O	3	Completely Ir	nterferes
E.	Relatio	ns wi	ith oth	ner peo	ple						
0	1	2	3	4	5	6	7	8	9	10	
Does not Ir	nterfere									Completely Ir	nterferes
F. Enjoyment of life											
0 Does not I	1 nterfere	2	3	4	5	6	7	8	9	10 Completely Ir	otorferos
DOG2 HOLL	пенее									Completely Ir	reneres

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