

Fatigue Symptom Inventory
Moffitt Cancer Center & University of South Florida,
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For each of the following, circle the one number that best indicates how that item applies to you.

1. Rate your level of fatigue on the day you felt **most** fatigued during the past week:

0 1 2 3 4 5 6 7 8 9 10
Not at all As fatigued
fatigued as I could be

2. Rate your level of fatigue on the day you felt **least** fatigued during the past week:

0 1 2 3 4 5 6 7 8 9 10
Not at all As fatigued
fatigued as I could be

3. Rate your level of fatigue on the **average** during the past week:

0 1 2 3 4 5 6 7 8 9 10
Not at all As fatigued
fatigued as I could be

4. Rate your level of fatigue **right now**:

0 1 2 3 4 5 6 7 8 9 10
Not at all As fatigued
fatigued as I could be

5. Rate how much, in the past week, fatigue interfered with your **general level of activity**:

0 1 2 3 4 5 6 7 8 9 10
No Extreme
interference interference

6. Rate how much, in the past week, fatigue interfered with your **ability to bathe and dress yourself**:

0 1 2 3 4 5 6 7 8 9 10
No Extreme
interference interference

7. Rate how much, in the past week, fatigue interfered with your **normal work activity (includes both work outside the home and housework)**:

0 1 2 3 4 5 6 7 8 9 10
No Extreme
interference interference

8. Rate how much, in the past week, fatigue interfered with your **ability to concentrate**:

0 1 2 3 4 5 6 7 8 9 10
No Extreme
interference interference

9. Rate how much, in the past week, fatigue interfered with your **relations with other people**:

0 1 2 3 4 5 6 7 8 9 10
No Extreme
interference interference

10. Rate how much, in the past week, fatigue interfered with your **enjoyment of life**:

0 1 2 3 4 5 6 7 8 9 10
No Extreme
interference interference

11. Rate how much, in the past week, fatigue interfered with your **mood**:

0 1 2 3 4 5 6 7 8 9 10
No Extreme
interference interference

12. Indicate **how many days**, in the past week, you felt fatigued for any part of the day:

0 1 2 3 4 5 6 7
Days Days

13. Rate **how much of the day**, on average, you felt fatigued in the past week:

0 1 2 3 4 5 6 7 8 9 10
None of The entire
the day day

14. Indicate which of the following best describes the **daily pattern** of your fatigue in the past week:

0 1 2 3 4
Not at all Worse in Worse in Worse in No consistent daily
fatigued the morning the afternoon the evening pattern of fatigue