Fatigue Symptom Inventory

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 fatigued												as fatigued as I could be

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

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

4. Rate your level of fatigue right now:

5. Rate how much, in the past week, fatigue interfered with your general level of activity:
0 = no interference 10 = extreme interference

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

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

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

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

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

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

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

13. Rate how much of the day, on average, you felt fatigued in the past week:
0 = none of the day 10 = the entire day

14. Indicate which of the following best describes the daily pattern of your fatigue in the past week:
0 = not at all 1 = worse in the morning 2 = worse in the afternoon 3 = worse in the evening
4 = no consistent daily pattern

Reference: Measurement of fatigue in cancer patients: further validation of the Fatigue Symptom Inventory.