This is a brief fatigue inventory designed to assess how fatigue has interfered with various aspects of a person's life. It consists of several questions that use a scale from 0 (does not interfere) to 10 (completely interferes) to evaluate fatigue levels.

1. **Please rate your fatigue (weariness, tiredness) by circling the one number that best describes your fatigue right NOW.**
   - No Fatigue
   - As bad as you can imagine

2. **Please rate your fatigue (weariness, tiredness) by circling the one number that best describes your USUAL level of fatigue during past 24 hours.**
   - No Fatigue
   - As bad as you can imagine

3. **Please rate your fatigue (weariness, tiredness) by circling the one number that best describes your WORST level of fatigue during past 24 hours.**
   - No Fatigue
   - As bad as you can imagine

4. **Circle the one number that describes how, during the past 24 hours, fatigue has interfered with your:**
   - **A. General activity**
     - Does not interfere
     - Completely Interferes
   - **B. Mood**
     - Does not interfere
     - Completely Interferes
   - **C. Walking ability**
     - Does not interfere
     - Completely Interferes
   - **D. Normal work (includes both work outside the home and daily chores)**
     - Does not interfere
     - Completely Interferes
   - **E. Relations with other people**
     - Does not interfere
     - Completely Interferes
   - **F. Enjoyment of life**
     - Does not interfere
     - Completely Interferes

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** [ ]