

**FATIGUE QUESTIONNAIRE**

*(Schwartz, Jandorf & Krupp, 1993)*

Name: \_\_\_\_\_

Date: \_\_\_\_\_

**INSTRUCTIONS:**

Below are a series of statements regarding your Fatigue. By Fatigue we mean a sense of tiredness, lack of energy or total body give-out. Please read each statement and choose a number from 1-7, where 1 indicates that you completely disagree with the statement and 7 indicates that you completely agree. Please answer these questions as they apply to the past TWO WEEKS.

*Circle the appropriate number on the answer sheet!*

Questions:

		<b>Completely Disagree</b>					<b>Completely Agree</b>	
1.	My motivation is lower when I am fatigued.	1	2	3	4	5	6	7
2.	Exercise brings on my fatigue.	1	2	3	4	5	6	7
3.	I am easily fatigued.	1	2	3	4	5	6	7
4.	Fatigue interferes with my physical functioning.	1	2	3	4	5	6	7
3.	Fatigue causes frequent problems for me.	1	2	3	4	5	6	7
6.	My fatigue prevents sustained physical functioning.	1	2	3	4	5	6	7
7.	Fatigue interferes with carrying out certain duties and responsibilities.	1	2	3	4	5	6	7
8.	Fatigue is among my three most disabling symptoms.	1	2	3	4	5	6	7
9.	Fatigue interferes with my work, family, or social life.	1	2	3	4	5	6	7

**Comments:**