Fatigue Assessment Inventory (FAI) 32

Purpose The 29-item scale is designed to evaluate four domains of fatigue: its severity, pervasiveness, associated consequences, and response to sleep. It may be valuable for screening individuals in clinical practice, and may also be useful for research endeavours.

Population for Testing The scale has been validated with patients experiencing symptoms of fatigue as well as with healthy controls. No age range for the scale has been provided.

Administration The scale is a self-report, pencil-and-paper measure requiring between 5 and 10 min for administration.

Reliability and Validity In a validation study conducted by developers [1], the scale was found to have an internal consistency from .70 to .92 and a test–retest reliability of .50–.70. In the patient group, 81.3% scored more than 4 on the FAI, and in the control group 89.2% scored less than 4. Scores on the scale also correlated highly with two other measures of fatigue and energy level.

Obtaining a Copy A copy of the scale can be found in the original article published by developers [1].

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Scoring Respondents use a scale ranging from 1 ("completely disagree") to 7 ("completely agree") to indicate how accurately certain statements about fatigue represent their experiences over the previous 2 weeks. Higher scores are indicative of greater problems with fatigue. The scale provides a global severity score that can be used both for screening and research purposes.

A. Shahid et al. (eds.), *STOP, THAT and One Hundred Other Sleep Scales,*
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Fatigue Assessment Inventory

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 to 7, where #1 indicates you completely disagree with the statement and #7 indicates you completely agree. Please answer these questions as they apply to the past TWO WEEKS.

Circle the appropriate number on the answer sheet!

Questions:

	Completely Disagree						Completely agree
1. I feel drowsy when I am fatigued.	1	2	3	4	5	6	7
2. When I am fatigued, I lose my patience.	1	2	3	4	5	6	7
3. My motivation is lower when I am fatigued.	1	2	3	4	5	6	7
4. When I am fatigued, I have difficulty concentrating.	1	2	3	4	5	6	7
5. Exercise brings on my fatigue.	1	2	3	4	5	6	7
6. Heat brings on my fatigue.	1	2	3	4	5	6	7
7. Long periods of inactivity bring on my fatigue	1	2	3	4	5	6	7
8. Stress brings on my fatigue.	1	2	3	4	5	6	7
9. Depression brings on my fatigue.	1	2	3	4	5	6	7
10. Work brings on fatigue.	1	2	3	4	5	6	7
11. My fatigue is worse in the afternoon.	1	2	3	4	5	6	7
12. My fatigue is worse in the morning.	1	2	3	4	5	6	7
13. Performance of routine daily activities increases my fatigue.	1	2	3	4	5	6	7
14. Resting lessens my fatigue.	1	2	3	4	5	6	7
15. Sleeping lessens my fatigue.	1	2	3	4	5	6	7
16. Cool temperatures lessen my fatigue.	1	2	3	4	5	6	7
17. Positive experiences lessen my fatigue.	1	2	3	4	5	6	7
18. I am easily fatigued.	1	2	3	4	5	6	7
19. Fatigue interferes with my physical functioning.	1	2	3	4	5	6	7
20. Fatigue causes frequent problems for me.	1	2	3	4	5	6	7
21. My fatigue prevents sustained physical functioning.	1	2	3	4	5	6	7
22. Fatigue interferes with carrying out certain duties and responsibilities.	1	2	3	4	5	6	7
23. Fatigue predated other symptoms of my condition.	1	2	3	4	5	6	7
24. Fatigue is my most disabling symptom	1	2	3	4	5	6	7
25. Fatigue is among my 3 most disabling symptoms.	1	2	3	4	5	6	7
26. Fatigue interferes with my work, family or social life.	1	2	3	4	5	6	7
27. Fatigue makes other symptoms worse.	1	2	3	4	5	6	7
28. Fatigue that I now experience is different in quality or severity than the fatigue I experienced before I developed this condition	1	2	3	4	5	6	7
29. I experienced prolonged fatigue after exercise.	1	2	3	4	5	6	7

Reference

1. Schwartz, J. E., Jandorf, L., & Krupp, L. B. (1993). The measurement of fatigue: a new instrument. *Journal of Psychosomatic Research, 37*(7), 753–762.

Representative Studies Using Scale

O'Dell, M. W., Meighen, M., & Riggs, R. V. (1996). Correlates of fatigue in HIV infection prior to AIDS: a pilot study. *Disability and Rehabilitation, 18*(5), 249–254.

McAndrews, M. P., Farcnik, K., Carlen, P., Damyanovich, A., Mrkonjic, M., Jones, S., & Heathcote, E. J. (2005). Prevalence and significance of neurocognitive dysfunction in hepatitis C in the absence of correlated risk factors. *Hepatology, 41*(4), 801–808.

Note: The Fatigue Severity Scale (Chap. 35) by the same author is a short form (9 item) using similar descriptions.