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## Multi-Site Clinical Assessment of Chronic Fatigue Syndrome

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### Multidimensional Fatigue Inventory (MFI)

Participant ID Number: \_\_\_\_\_

**Start Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_ & Time: \_\_\_\_am/pm  
Month Day Year HH:MM

**Complete Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_ & Time: \_\_\_\_am/pm  
Month Day Year HH:MM

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## Multi-Dimensional Fatigue Inventory

The next questions are about how you have been feeling lately. Please place one “X” for each statement.

The more you agree with the statement, the more you should place an “X” in the direction of “yes, that is true.” The more you disagree with the statement, the more you should place an X in the direction of “no, that is not true.”

Take for example the statement: “I FEEL RELAXED.”

If you think that this statement is entirely true, that you have been feeling relaxed lately, you would place an “X” in the box labeled “1.”

yes, that is true      no, that is not true  
1 2 3 4 5

1. I feel fit.

yes, that is true      no, that is not true  
1 2 3 4 5

2. Physically I feel only able to do a little.

yes, that is true      no, that is not true  
1 2 3 4 5

3. I feel very active.

yes, that is true      no, that is not true  
1 2 3 4 5

4. I feel like doing all sorts of nice things.

yes, that is true      no, that is not true  
1 2 3 4 5

5. I feel tired.

yes, that is true      no, that is not true  
1 2 3 4 5

6. I think I do a lot in a day.

yes, that is true      no, that is not true  
1 2 3 4 5

7. When I am doing something, I can keep my thoughts on it.

yes, that is true      no, that is not true  
1 2 3 4 5

8. Physically I can take on a lot.

yes, that is true      no, that is not true  
1 2 3 4 5

9. I dread having to do things.

yes, that is true      no, that is not true  
1 2 3 4 5

10. I think I do very little in a day.

yes, that is true      no, that is not true  
1 2 3 4 5

11. I can concentrate well.

yes, that is true      no, that is not true  
1 2 3 4 5

12. I am rested.

yes, that is true      no, that is not true  
1 2 3 4 5

13. It takes a lot of effort to concentrate on things.

yes, that is true      no, that is not true  
1 2 3 4 5

14. Physically I feel I am in a bad condition.

yes, that is true      no, that is not true  
1 2 3 4 5

15. I have a lot of plans.

yes, that is true      no, that is not true  
1 2 3 4 5

16. I tire easily.

yes, that is true      no, that is not true  
1 2 3 4 5

17. I get little done.

yes, that is true      no, that is not true  
1 2 3 4 5

18. I don't feel like doing anything.

yes, that is true      no, that is not true  
1 2 3 4 5

19. My thoughts easily wander.

yes, that is true      no, that is not true  
1 2 3 4 5

20. Physically I feel I am in an excellent condition.

yes, that is true      no, that is not true  
1 2 3 4 5