

13

Multi-Site Clinical Assessment of Chronic Fatigue Syndrome

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

Public reporting burden of this collection of information is estimated to average 5 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB Control Number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to CDC/ATSDR Reports Clearance Officer, 1600 Clifton Road NE, MS D-74, Atlanta, Georgia 30333; ATTN: PRA 0920-XXXX

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