



GHUGE FATIGUE SCALE:

Name: _____

Date of Birth: _____

Today's Date: _____

How many hours of the day do you feel tired?	<2 hrs	2-4	4-6	6-8	<8 hrs	
What is the intensity of your fatigue?	0	1	2	3	4	5
How long have you experienced fatigue?	<1wk	1 wk-1mth	1mth-6mth	6mth-1yr	>1 yr	
Does your fatigue interfere with your lifestyle?	Yes	No				
Does your fatigue interfere with work?	Yes	No				

FOR OFFICE USE ONLY:	POINTS
<2 HRS	1
2-4 hrs	2
4-6hrs	3
6-8hrs	4
>8hrs	5
Intensity of fatigue:	0-5
Length of time of fatigue	1
Lifestyle restriction	2
Interference with work	2
TOTAL POSSIBLE POINTS	15

SEVERITY SCALE:

- No fatigue 0-2
- Mild Fatigue 3-6pt
- Moderate Fatigue 7-10pts
- Severe Fatigue 11-15pts

Reviewed by:
