

Washington University Sleep Medicine Center	Global Fatigue Index
	Patient Initials/Code: _____ Date: _____

Instructions: Read the following questions and circle the number that best describes how each statement relates to your fatigue.

Statement	Degree of Agreement (please circle number from 1 to 10, with 1 = not at all and 10 = a great deal)
1. To what degree have you experienced fatigue?	1 2 3 4 5 6 7 8 9 10
2. How severe is the fatigue which you have been experiencing?	1 2 3 4 5 6 7 8 9 10
3. To what degree has fatigue caused you distress?	1 2 3 4 5 6 7 8 9 10

In the past week, to what degree has fatigue interfered with your ability to do:

Statement	Degree of Agreement (please circle number from 1 to 10, with 1 = not at all and 10 = a great deal)	..OR.. do not participate in activity for other reasons than fatigue (circle X)
4. household chores?	1 2 3 4 5 6 7 8 9 10	X
5. cook?	1 2 3 4 5 6 7 8 9 10	X
6. bathe or wash?	1 2 3 4 5 6 7 8 9 10	X
7. dress?	1 2 3 4 5 6 7 8 9 10	X
8. work?	1 2 3 4 5 6 7 8 9 10	X
9. visit or socialize with friends or family?	1 2 3 4 5 6 7 8 9 10	X
10. engage in sexual activity?	1 2 3 4 5 6 7 8 9 10	X
11. engage in leisure and recreational activities?	1 2 3 4 5 6 7 8 9 10	X
12. shop and do errands?	1 2 3 4 5 6 7 8 9 10	X
13. walk?	1 2 3 4 5 6 7 8 9 10	X
14. exercise, other than walking?	1 2 3 4 5 6 7 8 9 10	X

Statement	Degree of Agreement (please circle number from 0 to 4, with 0=no days and 4=every day)
15. Over the past week, including today, how often have you been fatigued?	0 1 2 3 4

Patient Initials: _____ **Date Completed:** _____

Research Staff Only:

Site Initials:	Time Completed:	ADL Avg:	TS:
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