

IBD-F

SECTION I

Section I questions are scored from 0-4, being 0 normal and 4 the worst possible, with total score of this section range from 0-20.

1. What is your fatigue level right now?
2. What was your highest fatigue level in the past two weeks
3. What was lowest fatigue level in the past two weeks?
4. What was your average fatigue level in the past two weeks?
5. How much of your waking time have you felt fatigued in the past two weeks

SECTION II

Questions in Section II are scored on 0-4, with total score range from 0-120.

Questions 3, 4, 9, 12, 13, 14 have an option of not applicable (N/A)

1. I had to nap during the day because of fatigue
2. Fatigue stopped me from going out to social events
3. I was not able to go to work or college because of fatigue
4. My performance at work/education was affected by fatigue
5. I had problems concentrating because of fatigue
6. I had difficulty motivating myself because of fatigue
7. I could not wash or dress myself because of fatigue
8. I had difficulty with walking because of fatigue
9. I was unable to drive as much as I need to because of fatigue
10. I was not able to do as much physical exercise as I wanted to because of fatigue
11. I had difficulty continuing with my hobbies/interests because of fatigue

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SECTION II

Questions in Section II are scored on 0-4, with total score range from 0-120.

Questions 3, 4, 9, 12, 13, 14 have an option of not applicable (N/A)

12. My emotional relationship with my partner was affected by fatigue
13. My sexual relationship with my partner was affected by fatigue
14. My relationship with my children was affected by fatigue
15. I was low in mood because of fatigue
16. I felt isolated because of fatigue
17. My memory was affected because of fatigue
18. I made mistakes because of fatigue
19. Fatigue made me irritable
20. Fatigue made me frustrated
21. I got words mixed up because of fatigue
22. Fatigue stopped me from enjoying life
23. Fatigue stopped me from having a fulfilling life
24. My self-esteem was affected by fatigue
25. Fatigue affected my confidence
26. Fatigue made me feel unhappy
27. I had difficulties sleeping at night because of fatigue
28. Fatigue affected my ability to do normal household activities
29. I had to ask others for help because of fatigue
30. Quality of my life was affected by fatigue

INTERPRETATION

Score 1: >7.5 suggests significant fatigue

