

Appendix 11.1

Barrow Neurological Institute (BNI) Fatigue Scale*

Name: _____

Date: _____

Please rate the extent to which each of the items below has been a problem for you since your injury. You should choose only ONE number from 0–7 on the scale below when making your response.

0	1	2	3	4	5	6	7
<i>Rarely a problem</i>		<i>Occasional problem but not frequent</i>		<i>A frequent problem</i>		<i>A problem most of the time</i>	

1. How difficult is it for me to maintain my energy throughout the day? _____
2. How difficult is it for me to participate in activities because of fatigue? _____
3. How difficult is it for me to stay awake during the day? _____
4. How difficult is it for me to complete a task without becoming tired? _____
5. How difficult is it for me to stay alert during activities? _____
6. How difficult is it for me to build my energy level once I wake up in the morning? _____
7. How difficult is it for me to stay out of my bed during the day? _____
8. How difficult is it for me to stay alert when I am not involved in something? _____
9. How difficult is it for me to attend to something without becoming sleepy? _____
10. How difficult is it for me to last the day without taking a nap? _____

TOTAL:

11. Please circle your OVERALL level of fatigue since your injury:

0	1	2	3	4	5	6	7	8	9	10
<i>No problem</i>										<i>Severe problem</i>

* Borgaro SR, Gierok S, Caples H, Kwasnica C. Fatigue after brain injury: Initial reliability study of the BNI Fatigue Scale. *Brain Injury*. 2004;18:685–690. Reproduced with permission from the authors and Informa Healthcare.