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.

<table>
<thead>
<tr>
<th>0</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rarely a problem</td>
<td>Occasional problem but not frequent</td>
<td>A frequent problem</td>
<td>A problem most of the time</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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 |
    |---|---|---|---|---|---|---|---|---|---|---|
    | No problem | Severe problem |