

# 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

*No problem* *Severe problem*

\* 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.