

## Inflammatory Bowel Disease-Fatigue (IBD-F) Self-assessment Scale

Date: .....

Time: .....

### SECTION I - Fatigue Assessment Scale

This section of the questionnaire will identify fatigue, its severity, frequency and duration.

Sometimes people with inflammatory bowel disease feel fatigued. The term 'fatigue' is used throughout the questionnaire. Fatigue has been defined as a sense of continuing tiredness, with periods of sudden and overwhelming lack of energy or feeling of exhaustion that is not relieved following rest or sleep.

Please tick ONE number for each question	Score from 0 - 4 with				
	0 = no fatigue				Severe fatigue = 4
1. What is your fatigue level right NOW	0	1	2	3	4
2. What was your HIGHEST fatigue level in the past two weeks	0	1	2	3	4
3. What was your LOWEST fatigue level in the past two weeks	0	1	2	3	4
4. What was your AVERAGE fatigue level in the past two weeks	0	1	2	3	4
5. How much of your waking time have you felt fatigued in the past two weeks	0 None of the time	1 Some of the time	2 Often	3 Most of the time	4 All the time

## SECTION II – IBD-Fatigue Impact on Daily Activities Scale

This section assesses the perceived impact of fatigue on your daily activities in the **past two weeks**.

Please answer all the questions. The possible answers to the questions are: None of the time - 0; Some of the time – 1; Often - 2; Most of the time - 3; All of the time - 4.

If a particular activity does not apply to you, for example you do not drive, please select N/A.

Please tick only ONE answer for each question reflecting on the past two weeks	None of the time	Some of the time	Often	Most of the time	All of the time	Not applicable
1. I had to nap during the day because of fatigue	0	1	2	3	4	
2. Fatigue stopped me from going out to social events	0	1	2	3	4	
3. I was not able to go to work or college because of fatigue	0	1	2	3	4	N/A
4. My performance at work or education was affected by fatigue	0	1	2	3	4	N/A
5. I had problems concentrating because of fatigue	0	1	2	3	4	
6. I had difficulty motivating myself because of fatigue	0	1	2	3	4	
7. I could not wash and dress myself because of fatigue	0	1	2	3	4	
8. I had difficulty with walking because of fatigue	0	1	2	3	4	
9. I was unable to drive as much as I need to because of fatigue	0	1	2	3	4	N/A
10. I was not able to do as much physical exercise as I wanted to because of fatigue	0	1	2	3	4	

Please tick only ONE answer for each question reflecting on the past two weeks	None of the time	Some of the time	Often	Most of the time	All of the time	Not applicable
11. I had difficulty continuing with my hobbies/interests because of fatigue	0	1	2	3	4	
12. My emotional relationship with my partner was affected by fatigue	0	1	2	3	4	N/A
13. My sexual relationship with my partner was affected by fatigue	0	1	2	3	4	N/A
14. My relationship with my children was affected by fatigue	0	1	2	3	4	N/A
15. I was low in mood because of fatigue	0	1	2	3	4	
16. I felt isolated because of fatigue	0	1	2	3	4	
17. My memory was affected because of fatigue	0	1	2	3	4	
18. I made mistakes because of fatigue	0	1	2	3	4	
19. Fatigue made me irritable	0	1	2	3	4	
20. Fatigue made me frustrated	0	1	2	3	4	
21. I got words mixed up because of fatigue	0	1	2	3	4	
22. Fatigue stopped me from enjoying life	0	1	2	3	4	
23. Fatigue stopped me from having a fulfilling life	0	1	2	3	4	
24. My self-esteem was affected by fatigue	0	1	2	3	4	
25. Fatigue affected my confidence	0	1	2	3	4	

Please tick only ONE answer for each question reflecting on the past two weeks	None of the time	Some of the time	Often	Most of the time	All of the time	Not applicable
26. Fatigue made me feel unhappy	0	1	2	3	4	
27. I had difficulties sleeping at night because of fatigue	0	1	2	3	4	
28. Fatigue affected my ability to do all my normal household activities	0	1	2	3	4	
29. I had to ask others for help because of fatigue	0	1	2	3	4	
30. Quality of my life was affected by fatigue	0	1	2	3	4	

**SECTION III – Additional Questions about your Fatigue**

1. What do you think is the main cause of your fatigue apart from IBD?.....  
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2. What do you think are the other causes of your fatigue?.....  
.....  
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3. Have you found anything that helps with your fatigue? .....  
.....  
.....
4. How long have you experienced fatigue? .....years ..... months
5. During this time has your fatigue been:      a) Constant      b) Intermittent