

<b>Outcome Measure</b>	<b>Brief Fatigue Inventory</b>
<b>Sensitivity to Change</b>	Unknown
<b>Population</b>	Adult
<b>Domain</b>	TBI-Related Symptoms
<b>Type of Measure</b>	Self-report or interview
<b>ICF-Code/s</b>	b4
<b>Description</b>	<p>The Brief Fatigue Inventory (BFI; Mendoza et al. 1999) is used to rapidly assess the severity and impact of cancer-related fatigue. Its primary purpose is to assess the severity of fatigue and the impact of fatigue on daily functioning over the past 24 hours.</p> <p>There are 9 items in the scale. The first three questions ask patients to rate their fatigue on a scale from 0 (No fatigue) to 10 (As bad as you can imagine). The next six questions ask patients to rate how much fatigue has interfered with various activities on a scale from 0 (Does not interfere) to 10 (Completely interferes).</p> <p>A global fatigue score can be obtained by averaging all the items on the BFI.</p> <p>Administration time is 5 minutes.</p>
<b>Properties</b>	<p>The information on the psychometric properties of the scale relates to cancer samples.</p> <p><u>Construct validity</u>: Factor analysis across two studies have shown all items to load onto a single dimension (Mendoza et al., 1999; 2010). The factor loadings were high, and ranged from 0.81 for usual fatigue to 0.92 for activity (Mendoza et al. 1999).</p> <p><u>Discriminant Validity</u> : Treatment- or disease-related anemia (represented by hemoglobin level) is commonly related to fatigue in cancer patients. The correlation between the BFI and hemoglobin is <math>r = .36</math>. Mean BFI scores are significantly different across different performance status ratings based on the ECOG scale indicating it is related to disease severity (Mendoza et al., 1999; 2010).</p> <p><u>Test-retest reliability</u>: A Cohen's kappa of 0.73 has been reported but this was over the same testing session (Pallett et al., 2009). In a German study, the test-retest validity was assessed after 3 to 7 days was <math>r = .75</math> for usual fatigue items and <math>r = .81</math> for activity items (Radbruch et al., 2003).</p> <p><u>Internal consistency</u>: Cronbach alpha reliability ranges from 0.82 to 0.97.</p> <p><u>Convergent validity</u>: The BFI is correlated with both the FACT (<math>r = -.88</math>) and the POMS (<math>r = .84</math>) Fatigue subscales (Mendoza, 1999).</p>

<b>Advantages</b>	<ul style="list-style-type: none"> <li>• It is very quick to administer.</li> <li>• The scale has been translated to several other languages including Greek, Taiwanese, Korean, Chinese, Japanese, German, Russian and Spanish.</li> </ul>
<b>Disadvantages</b>	<ul style="list-style-type: none"> <li>• To use the BFI in a publication or clinical or research trial, you must obtain permission and you must agree to comply with the copyright. A small fee applies to use it for funded research (\$300).</li> <li>• The scale has not been used extensively in TBI populations and no normative data exists for this population.</li> </ul>
<b>Additional Information</b>	
<b>Reviewers</b>	Jennie Ponsford

### References

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