

Outcome Measure	Brief Fatigue Inventory
Sensitivity to Change	Unknown
Population	Adult
Domain	TBI-Related Symptoms
Type of Measure	Self-report or interview
ICF-Code/s	b4
Description	<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>
Properties	<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 $r = .36$. 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 $r = .75$ for usual fatigue items and $r = .81$ 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 ($r = -.88$) and the POMS ($r = .84$) Fatigue subscales (Mendoza, 1999).</p>

Advantages	<ul style="list-style-type: none"> • It is very quick to administer. • The scale has been translated to several other languages including Greek, Taiwanese, Korean, Chinese, Japanese, German, Russian and Spanish.
Disadvantages	<ul style="list-style-type: none"> • 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). • The scale has not been used extensively in TBI populations and no normative data exists for this population.
Additional Information	
Reviewers	Jennie Ponsford

References

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- Mendoza TR, Laudico AV, Wang XS, Guo H, Matsuda ML, Yosuido VD, Fragante EP, Cleeland CS. (2010). Assessment of fatigue in cancer patients and community dwellers: validation study of the Filipino version of the Brief Fatigue Inventory. *Oncology* 79, 112-117.
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- Radbruch, L., Sabatowski, R., Elsner, F., Everts, J., Mendoza, T., & Cleeland, C. (2003). Validation of the German Version of the Brief Fatigue Inventory. *Journal of Pain and Symptom Management*, 25(5), 449-458. doi: [http://dx.doi.org/10.1016/S0885-3924\(03\)00073-3](http://dx.doi.org/10.1016/S0885-3924(03)00073-3)