Norfolk Fatigue Questionnaire

Name: _____ **Date:** _____

A: In the past 7 days, have you had any of the following symptoms?
Please check one box for each question.

1. How often was it an effort to carry on a conversation because of your fatigue?

Never	Rarely	Sometimes	Often	Always
❑	❑	❑	❑	❑

2. How often were you too tired to take a bath or shower?

Never	Rarely	Sometimes	Often	Always
❑	❑	❑	❑	❑

3. How often were you too tired to think clearly?

Never	Rarely	Sometimes	Often	Always
❑	❑	❑	❑	❑

4. How often did your fatigue make it difficult to organize your thoughts when doing things at home?

Never	Rarely	Sometimes	Often	Always
❑	❑	❑	❑	❑

5. How often did your fatigue make it difficult to make decisions?

Never	Rarely	Sometimes	Often	Always
❑	❑	❑	❑	❑

6. I am too tired to eat?

Never	Rarely	Sometimes	Often	Always
❑	❑	❑	❑	❑

7. How often were you too tired to leave the house?

Never	Rarely	Sometimes	Often	Always
❑	❑	❑	❑	❑

8. I need help doing my usual activities

Never	Rarely	Sometimes	Often	Always
❑	❑	❑	❑	❑

9. To what degree did your fatigue interfere with your physical functioning?

Never	Rarely	Sometimes	Often	Always
❑	❑	❑	❑	❑

10. I have to limit my social activity because I am tired

Never	Rarely	Sometimes	Often	Always
❑	❑	❑	❑	❑

11. How often were you too tired to take a short walk?

Never	Rarely	Sometimes	Often	Always
❑	❑	❑	❑	❑

12. How often did you feel run-down?

Never	Rarely	Sometimes	Often	Always
❑	❑	❑	❑	❑

13. How often were you sluggish?

Never	Rarely	Sometimes	Often	Always
❑	❑	❑	❑	❑

14. How often did you run out of energy?

Never	Rarely	Sometimes	Often	Always
❑	❑	❑	❑	❑

15. How often did you find yourself getting tired easily?

Never	Rarely	Sometimes	Often	Always
❑	❑	❑	❑	❑

16. How often were you bothered by your fatigue?

Never	Rarely	Sometimes	Often	Always
❑	❑	❑	❑	❑

17. How often were you physically drained?

Never	Rarely	Sometimes	Often	Always
❑	❑	❑	❑	❑

18. Do you feel that you lack energy?

Not at all	A little	Somewhat	Quite a lot	Severe problem
❑	❑	❑	❑	❑

19. Do you often feel tired during the day?

Not at all	A little	Somewhat	Quite a lot	Severe problem
❑	❑	❑	❑	❑

20. Do you feel sleepy during the day?

Not at all	A little	Somewhat	Quite a lot	Severe problem
❑	❑	❑	❑	❑

B: In the past 4 weeks, has your fatigue or lack of energy or tiredness caused any of the following problems with your work or other regular daily activities? Please check one box.

21. Cut down on the amount of time you spent on work or other activities?

None of the time	A little of the time	Some of the time	Most of the time	All of the of the time
❑	❑	❑	❑	❑

22. Accomplished less than you would like?

None of the time	A little of the time	Some of the time	Most of the time	All of the of the time
❑	❑	❑	❑	❑

23. Were limited in the kind of work or other activities you could perform?

None of the time	A little of the time	Some of the time	Most of the time	All of the of the time
❑	❑	❑	❑	❑

24. Had difficulty performing the work/other activities (it took extra effort)?

None of the time	A little of the time	Some of the time	Most of the time	All of the of the time
❑	❑	❑	❑	❑

C: In the past 4 weeks, how much difficulty have you had performing the following the physical activities because of feeling tired, fatigued or not having any energy. Check one box in each question.

25. Trouble Bathing/Showering? Check one.

Not a Problem	Very mild Problem	Mild Problem	Moderate Problem	Severe Problem
❑	❑	❑	❑	❑

26. Trouble Dressing? Check one.

Not a Problem	Very mild Problem	Mild Problem	Moderate Problem	Severe Problem
❑	❑	❑	❑	❑

27. Trouble Getting on or off the toilet? Check one.

Not a Problem	Very mild Problem	Mild Problem	Moderate Problem	Severe Problem
❑	❑	❑	❑	❑

28. Trouble Getting out of a chair? Check one.

Not a Problem	Very mild Problem	Mild Problem	Moderate Problem	Severe Problem
❑	❑	❑	❑	❑

D: Please select how often you felt or behaved in the past four weeks:

29. Have you been bothered by things that usually did not bother you?

Never	Rarely	Sometimes	Often	Always
❑	❑	❑	❑	❑

30. Have you been overeating or undereating?

Never	Rarely	Sometimes	Often	Always
❑	❑	❑	❑	❑

31. Have you felt that you could not shake off the blues, even with the help of your family?

Never	Rarely	Sometimes	Often	Always
❑	❑	❑	❑	❑

32. Have you had trouble keeping your mind on what you were doing?

Never	Rarely	Sometimes	Often	Always
❑	❑	❑	❑	❑

33. Have you felt tired, depressed, or had crying spells? (Any one or more of these)

Never	Rarely	Sometimes	Often	Always
❑	❑	❑	❑	❑

34. Have you felt lonely when there were other people around?

Never	Rarely	Sometimes	Often	Always
❑	❑	❑	❑	❑

35. Have you been easily annoyed?

Never	Rarely	Sometimes	Often	Always
❑	❑	❑	❑	❑

Section A	**Subjective Fatigue and Problems due to Fatigue**
Section B	**Reduced Activities**
Section C	**Activities of Daily Living**
Section D	**Dysphoria**

The Norfolk QOL-F questionnaire has been adapted from EJ Vinik, AI Vinik et al. Development and validation of the Norfolk quality of life fatigue tool(qol-f): a new measure of perception of fatigue. J Am Med Dir Assoc. 2020; 21(9): 1267–1272.e2. doi:10.1016/j.jamda.2019.10.021