

The Bristol RA Fatigue scales (BRAFs)

These comprise the BRAF Numerical Rating Scales, a trio of single items (BRAF-NRS) and the BRAF Multi-Dimensional Questionnaire, a 20 item scale with a total impact score and 4 subscales (BRAF-MDQ).

These are reproduced overleaf and are freely available for use in 38 languages from the University of the West of England:

<https://www1.uwe.ac.uk/hls/research/healthandclinicalresearch/researchareas/complexandlong-termhealthca/fatiguescales/brafscases.aspx>

Bristol RA Fatigue Numerical Rating Scales (BRAf-NRS)

1 Please circle the number which shows your average level of fatigue during the past 7 days.

No fatigue 0 1 2 3 4 5 6 7 8 9 10
Totally exhausted

2^a Please circle the number which shows the effect fatigue has had on your life during the past 7 days.

No effect 0 1 2 3 4 5 6 7 8 9 10 A
great deal of effect

3 Please circle the number which shows how well you have coped with fatigue over the past 7 days.

Not at all well 0 1 2 3 4 5 6 7 8 9 10
Very well

BRAF-NRS, V1 27.08.10

^aPrimary outcome Fatigue impact NRS for RAFT study

Reproduced from Nicklin et al 2010, Arthritis Care and Research, John Wiley & Sons, Copyright © 2010 by the American College of Rheumatology

Appendix 5: Bristol RA Fatigue Multi-Dimensional Questionnaire (BRAf-MDQ)

We would like to know how fatigue has affected you in the past 7 days.
Please answer all of the questions. Don't think too long and hard, just give your first
reaction – there are no right or wrong answers!

1. Please circle the number that shows your average level of fatigue during the past 7 days.

No fatigue 0 1 2 3 4 5 6 7 8 9 10 Totally exhausted

For each of the following questions, please tick one answer that best applies to you.

- 2 How many days did you experience fatigue during the past week (7 days)?

0	<input type="checkbox"/>	4	<input type="checkbox"/>
1	<input type="checkbox"/>	5	<input type="checkbox"/>
2	<input type="checkbox"/>	6	<input type="checkbox"/>
3	<input type="checkbox"/>	Every day	<input type="checkbox"/>

- 3 How long, on average, has each episode of fatigue lasted during the last 7 days?

Less than an hour	<input type="checkbox"/>
Several hours	<input type="checkbox"/>
All day	<input type="checkbox"/>

Please turn over.....

Over the past 7 days.....		Not at all	A little	Quite a bit	Very much
4	Have you lacked <i>physical</i> energy because of fatigue?	----	----	----	----
5	Has fatigue made it difficult to bath or shower?	----	----	----	----
6	Has fatigue made it difficult to dress yourself?	----	----	----	----
7	Has fatigue made it difficult to do your work or other daily activities?	----	----	----	----
8	Have you avoided making plans because of fatigue? e.g. plans to go out, or do jobs around the home or garden	----	----	----	----
9	Has fatigue affected your social life?	----	----	----	----
10	Have you cancelled plans because of fatigue? e.g. plans to go out, or do jobs around the home or garden	----	----	----	----
11	Have you refused invitations because of fatigue? e.g. meeting up with a friend	----	----	----	----
12	Have you lacked <i>mental</i> energy because of fatigue?	----	----	----	----
13	Have you forgotten things because of fatigue?	----	----	----	----
14	Has fatigue made it difficult to think clearly?	----	----	----	----
15	Has fatigue made it difficult to concentrate?	----	----	----	----
16	Have you made mistakes because of fatigue?	----	----	----	----
17	Have you felt you have less control in areas of your life because of fatigue?	----	----	----	----
18	Have you felt embarrassed because of fatigue?	----	----	----	----
19	Has being fatigued upset you?	----	----	----	----
20	Have you felt down or depressed because of fatigue?	----	----	----	----

BRAF-MDQ, V1 27.08.10

Reproduced from Nicklin et al 2010, Arthritis Care and Research, John Wiley & Sons, Copyright © 2010 by the American College of Rheumatology