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Fatigue Among Adults Age 18 and Older: United States, 2024

Natalie A.E. Young, Ph.D., Julie D. Weeks, Ph.D., and Nazik Elgaddal, M.S.

Abstract

Objective—This report describes fatigue symptoms among adults by sociodemographic characteristics, as well as co-occurrence with functioning difficulties and limitations in work and social activities.

Methods—Data from the 2024 National Health Interview Survey were used to estimate fatigue symptoms among adults age 18 and older. Fatigue is based on reported frequency of fatigue in the past 3 months, with frequent fatigue defined as experiencing fatigue symptoms most days or every day during the 3-month period. Estimates are presented by sex, age, race and Hispanic origin, family income, region, and urbanization. Measures of functioning difficulties include seeing, hearing, walking, communication, cognition, self-care, upper body, anxiety, and depression. Measures of participation limitations in work and social activities are also described.

Results—In 2024, 71.5% of adults reported experiencing fatigue at least some days in the past 3 months (54.9% some days, 10.7% most days, and 5.9% every day), with frequent fatigue reported by 16.6% of adults. Frequent fatigue was more common among women (20.0%) than men (13.0%) and among younger adults. American Indian and Alaska Native non-Hispanic adults were the most likely to experience frequent fatigue (25.5%) among all race and Hispanic-origin groups, while Asian non-Hispanic adults were the least likely (9.1%). The prevalence of frequent fatigue decreased with increasing family income, was higher in the South and Midwest, and increased with decreasing urbanization level. Duration and intensity of fatigue symptoms varied within the population reporting frequent fatigue. Adults with frequent fatigue were more likely to report co-occurring functioning difficulties than other adults. About one-half of adults with frequent fatigue reported difficulties in at least three functioning domains, compared with about 16.9% of adults without frequent fatigue. Among adults with frequent fatigue, 29.0% reported limitations participating in social activities and 36.0% reported work limitations.

Keywords: tiredness • exhaustion • functioning • participation limitations • National Health Interview Survey (NHIS)

Introduction

Fatigue is generally defined as physical or mental tiredness or exhaustion that does not improve with additional sleep or rest (1–3). It should be distinguished from sleepiness, which is the experience of feeling drowsy or having difficulty staying awake (4,5). Fatigue is one of the most frequently reported health concerns in primary care (6,7). While fatigue symptoms can be associated with various conditions (8–10), some fatigue symptoms may not be linked to a specific medical condition (11). In addition, fatigue is associated with both poorer health outcomes and a heightened risk of mortality in the general population (7). Despite the association with health and well-being, the frequency of fatigue symptoms in the general U.S. population is an underexplored topic (12).

Fatigue is considered an aspect of functioning (13). People who experience fatigue often also report difficulties in other domains of functioning (14), such as difficulty concentrating (15,16), mobility limitations (17,18), and psychosocial problems (19,20). Because fatigue symptoms often co-occur with difficulty functioning in other domains, the impact of fatigue on daily life can be compounded by the impact of these

other functioning difficulties. This complex relationship between fatigue and functioning has important implications for everyday life. Overall, people who report fatigue symptoms are at higher risk of activity limitations (21,22) and disability, including permanent work disability (4,23,24).

This report presents nationally representative estimates on the frequency of fatigue symptoms in the adult population. The report's focus is on fatigue symptoms themselves and not the underlying causes of fatigue or fatigue associated with specific medical conditions. The report also describes sociodemographic and geographic differences in the prevalence of frequent fatigue, defined as experiencing fatigue every day or most days during the past 3 months. The duration and intensity of fatigue symptoms among those reporting frequent fatigue are also included. Finally, the report describes the co-occurrence of frequent fatigue and other functioning difficulties, as well as the association between frequent fatigue and limitations participating in work and social activities.

Methods

Data source

Data from the 2024 National Health Interview Survey (NHIS) were used for this analysis. NHIS is a nationally representative household survey of the U.S. civilian noninstitutionalized population. It is conducted continuously throughout the year by the National Center for Health Statistics (NCHS). Interviews are typically initiated face-to-face in respondents' homes with follow-ups conducted over the telephone as needed. The response rate to the Sample Adult interview in 2024 was 47.9% (25). NHIS does not include people in long-term care institutions (for example, nursing homes or hospitals for the chronically ill or for people with physical or intellectual disabilities); consequently, the estimates presented here represent the community-dwelling population only. For more information about the survey, visit the NHIS website.

Measures

Fatigue

The NHIS measure of fatigue symptoms is based on responses to a set of three questions included in NHIS every other year about the frequency, intensity, and duration of feeling "very tired or exhausted" in the past 3 months. Frequency of fatigue symptoms was based on responses to the question, "In the past 3 months, how often did you feel very tired or exhausted? Would you say never, some days, most days, or every day?" Those who responded "most days" or "every day" to this initial question about fatigue symptoms were identified as experiencing frequent fatigue.

Follow-up questions about duration and intensity were asked for those reporting feeling very tired or exhausted at least some days to the initial question. Fatigue duration is measured based on responses to the question, "Thinking about the last time you felt very tired or exhausted, how long did it last?" Response options were "some of the day," "most of the day," or "all of the day." Fatigue intensity is measured based on responses to the second follow-up question, "Thinking about the last time you felt this way, how would you describe the level of tiredness? Would you say a little, a lot, or somewhere in between?" In this report, fatigue duration and intensity are reported for adults experiencing frequent fatigue.

Sociodemographic and geographic characteristics

Fatigue symptoms are reported for selected sociodemographic and geographic characteristics for adults age 18 and older and include: age group, sex, race and Hispanic origin, family income as a percentage of the federal poverty level (FPL), region, and urbanization level. See Technical Notes for additional information.

Functioning difficulties

Measures of functioning difficulties include indicators for the domains of functioning in the Washington Group Short Set on Functioning—Enhanced (WG-SS Enhanced). The WG-SS Enhanced was developed to produce internationally comparable data on functioning in adults, including overall functioning, functioning in individual domains, and level or severity of functioning difficulties. It was finalized and adopted for use by the Washington Group on Disability Statistics (WG) (26,27). The questions use the International Classification of Functioning, Disability, and Health (ICF) as a conceptual framework (28). The WG-SS Enhanced adopts a functional approach to operationalization, assessing difficulty across basic, universal activity domains: seeing, hearing, walking, communication, cognition, self-care, upper body, and affect (anxiety and depression).

For this analysis, indicators of difficulties in functioning were created for each individual functional domain. For most WG-SS Enhanced domains, only one question is used to assess difficulty. For these domains (seeing, hearing, walking, communication, cognition, and self-care), a dichotomous indicator of "no difficulty" or "some difficulty or more" was created based on the response to each question. As a category, "some difficulty or more" combined responses of "some difficulty," "a lot of difficulty," and "cannot do at all." For the upper body domain, two questions were asked to collect difficulty functioning, and the dichotomous indicator was created based on the highest level of difficulty reported across the two questions. For the anxiety and depression domains, which ask about frequency of symptoms, responses of "never" and "a few times a year" were categorized as "no difficulty" on the dichotomous indicator, while responses of "monthly," "weekly," and "daily" were categorized as "some difficulty or more." See Technical Notes for additional information.

Participation limitations

Measures of work and social activities were included to describe associations between fatigue and limitations in participation. The measure of work limitations is based on responses to the question, "Are you limited in the kind or amount of work you can

do because of a physical, mental, or emotional problem?" The response options were "yes" or "no."

The measure of social activity limitations is based on responses to the question, "Because of a physical, mental, or emotional condition, do you have difficulty participating in social activities, such as visiting friends, attending clubs and meetings, or going to parties?" The four response options include: "no difficulty," "some difficulty," "a lot of difficulty," and "cannot do at all."

Statistical analysis

The analytic sample was restricted to adults age 18 and older with a valid response to the question about frequency of experiencing fatigue in the past 3 months (n = 31,917). Respondents missing this information (2.0% of cases) were excluded. Percentages and the corresponding variances were calculated using R version 4.4.0. Point estimates and standard errors were calculated using the surveytable package in R to account for the complex sample design of NHIS. All estimates were based on self-report and meet NCHS presentation standards for proportions (29). Differences between percentages were evaluated using two-sided significance tests at the 0.05 level. Linear and quadratic trends by age group, family income, and urbanization level were evaluated using orthogonal polynomials in logistic regression. "More likely" indicates a statistically significant difference. Lack of comment regarding the difference between any two estimates does not necessarily mean that the difference was tested and not found to be significant.

Results

Frequency of fatigue symptoms

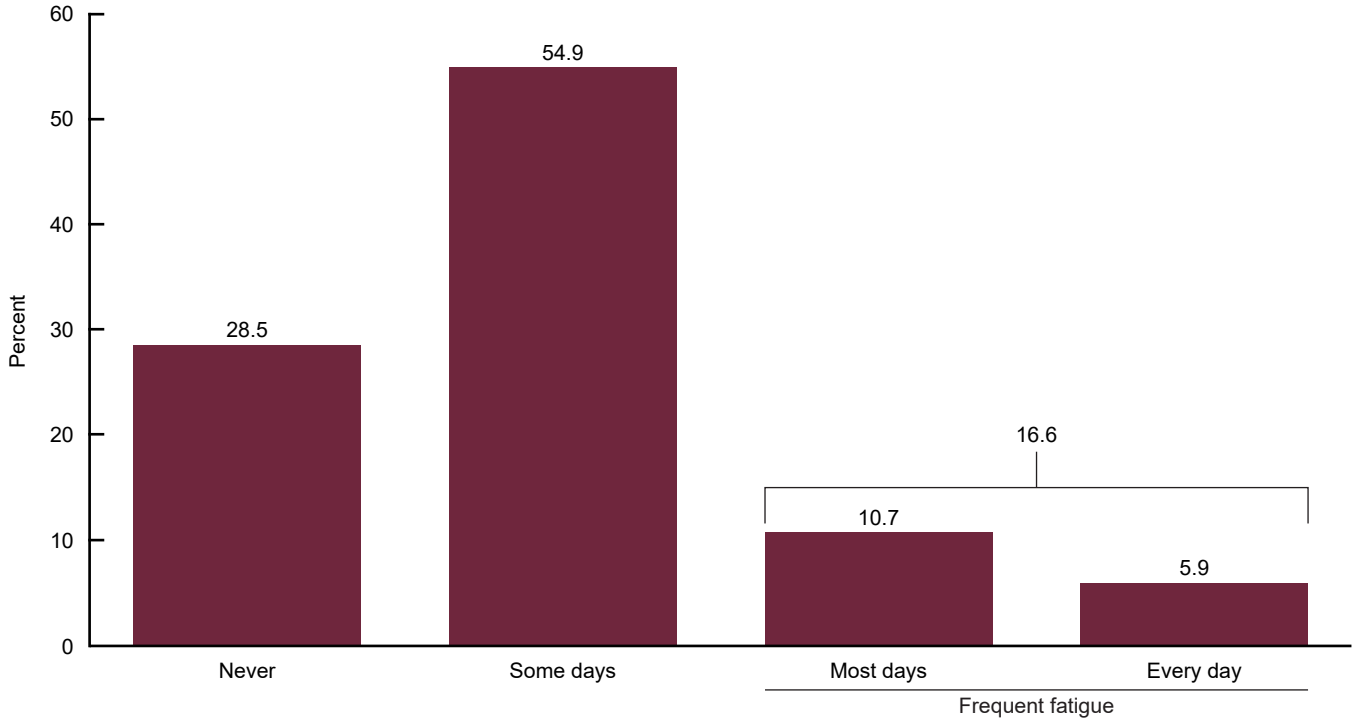
In 2024, 28.5% of adults reported no symptoms of fatigue—that is, they never felt very tired or exhausted—in the past 3 months (Figure 1, Table 1). Just over one-half of adults (54.9%) reported feeling very tired or exhausted some days in the past 3 months, with an additional 10.7% reporting feeling very tired or exhausted most days and 5.9% every day.

Frequent fatigue

The percentage of adults who experienced frequent fatigue (defined as reporting fatigue every day or most days) was 16.6%. Women (20.0%) were more likely than men (13.0%) to experience frequent fatigue (Figure 2, Table 2). Frequent fatigue was highest among American Indian and Alaska Native non-Hispanic (subsequently, American Indian and Alaska Native) adults (25.5%), followed by White non-Hispanic (subsequently, White) adults (18.0%), Black non-Hispanic (subsequently, Black) adults (17.3%), and adults of Hispanic origin (12.9%), with Asian non-Hispanic (subsequently, Asian) adults (9.1%) being the least likely to experience frequent fatigue.

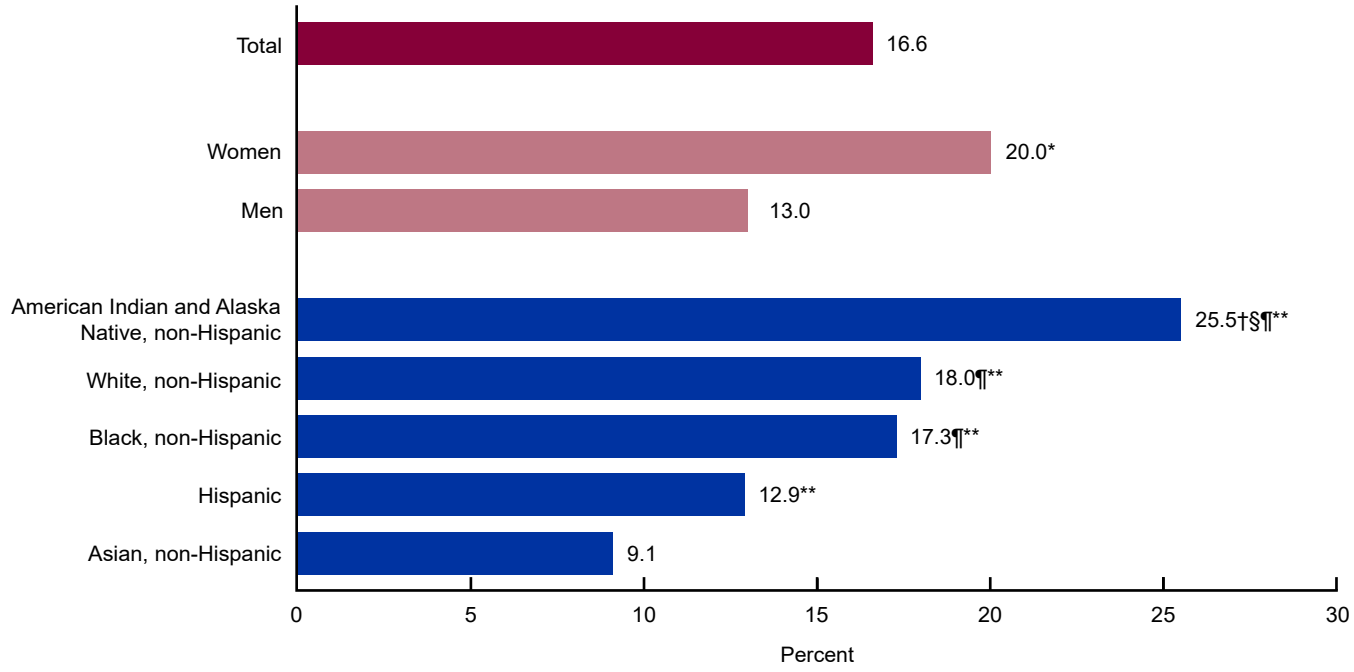
The percentage of adults who experienced frequent fatigue decreased with increasing age, from 19.5% among those ages 18–34, 17.4% among those

Figure 1. Percent distribution of how often adults age 18 and older experienced fatigue in the past 3 months: United States, 2024



NOTE: Estimates are based on household interviews of a sample of the U.S. civilian noninstitutionalized population.
SOURCE: National Center for Health Statistics, National Health Interview Survey, 2024.

Figure 2. Percentage of adults age 18 and older who experienced frequent fatigue, by sex and race and Hispanic origin: United States, 2024



* Significantly different from men ($p < 0.05$).
† Significantly different from White adults ($p < 0.05$).
§ Significantly different from Black adults ($p < 0.05$).
¶ Significantly different from Hispanic adults ($p < 0.5$).
** Significantly different from Asian adults ($p < 0.05$).
NOTES: Categories shown for non-Hispanic adults are for those who selected only one racial group. Hispanic adults may be of any race or combination of races. Estimates for non-Hispanic adults of other or multiple races are not shown, but they are included in total estimates. Estimates are based on household interviews of a sample of the U.S. civilian noninstitutionalized population.
SOURCE: National Center for Health Statistics, National Health Interview Survey, 2024.

ages 35–49, and 16.0% among those ages 50–64 to 12.9% among those age 65 and older (Table 2). The percentage of adults reporting frequent fatigue decreased with increasing family income, with the highest prevalence of frequent fatigue among adults with family incomes less than 100% of FPL (21.7%) and the lowest prevalence among adults with family incomes at or above 400% FPL (13.6%).

Adults living in the South (17.7%) and Midwest (17.5%) were more likely to experience frequent fatigue than adults living in the West (15.6%) or Northeast (14.5%). The prevalence of frequent fatigue increased with decreasing urbanization level, from 14.5% in large central metropolitan areas, 15.6% in large fringe metropolitan areas, and 17.9% in medium and small metropolitan areas to 20.5% in nonmetropolitan areas.

Duration and intensity of fatigue

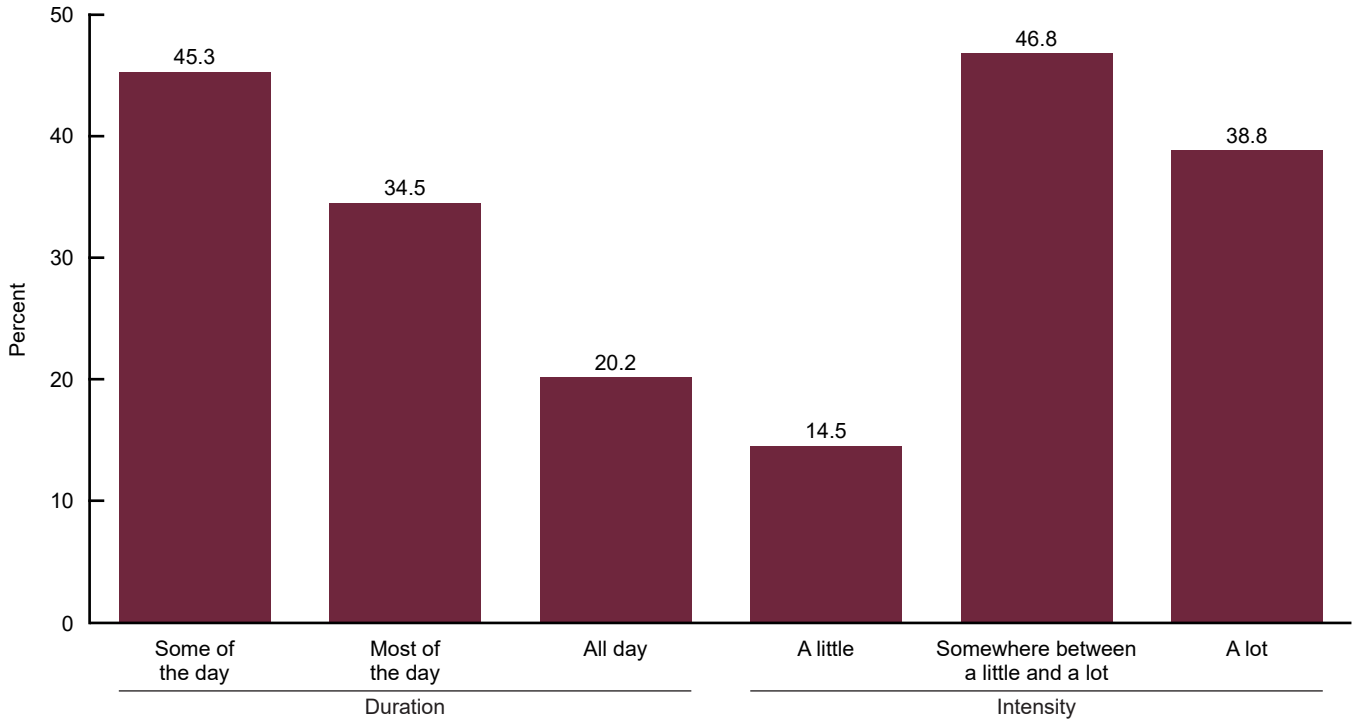
The duration and intensity of fatigue symptoms experienced by adults reporting frequent fatigue is presented in Figure 3 and Table 3. Most adults with frequent fatigue said their fatigue symptoms typically lasted some of the day (45.3%) or most of the day (34.5%), though about one in five reported that their fatigue symptoms lasted all day long (20.2%). Among adults with frequent fatigue, 14.5% described their level of fatigue as a little, 38.8% as a lot, and 46.8% as somewhere between a little and a lot.

Co-occurrence of functioning difficulties

Across all nine domains of functioning described, adults who experienced frequent fatigue were more likely to report functioning difficulties than adults who did not experience frequent fatigue (Table 4). The three most frequently co-occurring functioning difficulties reported by adults who experienced frequent fatigue were symptoms of anxiety (69.6%), cognition difficulty (46.1%), and symptoms of depression (45.0%). Compared with adults without frequent fatigue, adults who experienced frequent fatigue were more than three times as likely to have symptoms of depression and about twice as likely to report cognition difficulty or symptoms of anxiety. The least frequently reported co-occurring functioning difficulty among adults with frequent fatigue was difficulty communicating (11.1%), which was reported by 4.7% of adults without frequent fatigue.

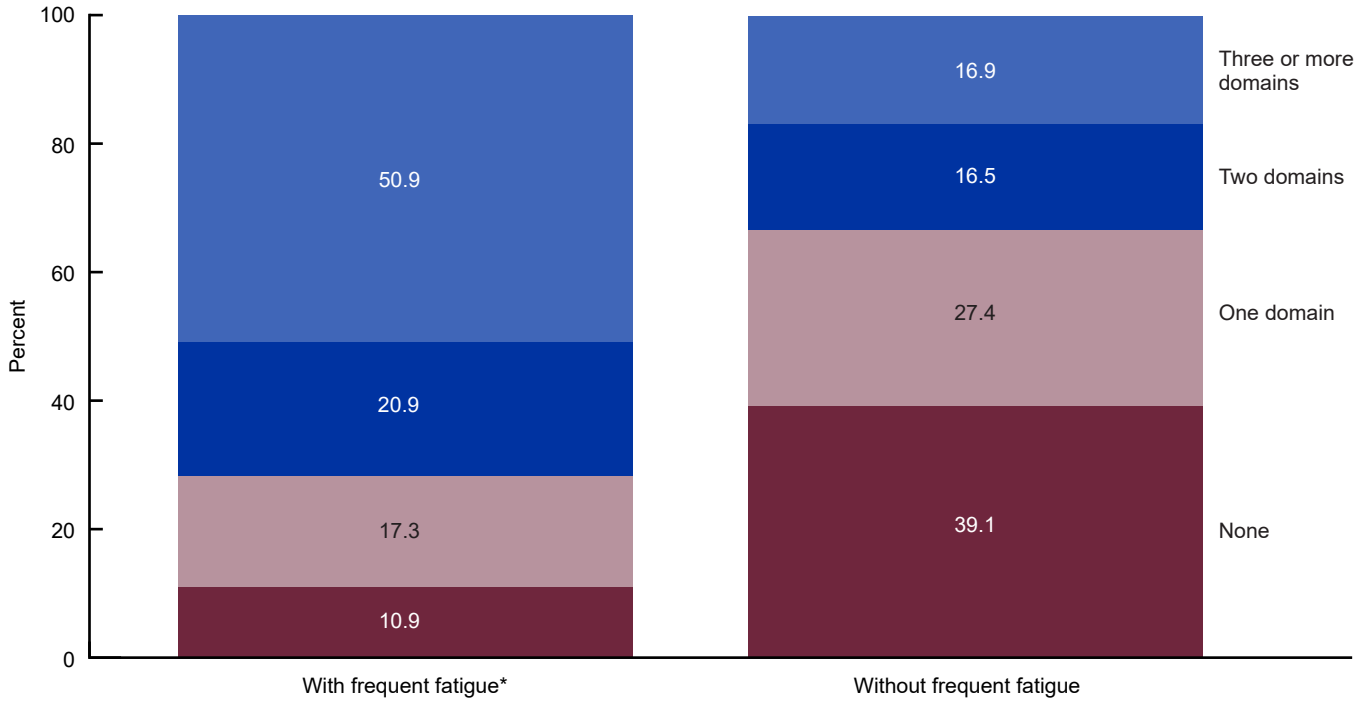
Most adults reported difficulties in at least one of the nine domains of functioning, regardless of fatigue symptom frequency (Figure 4, Table 4). About one in five adults with frequent fatigue reported co-occurring functioning difficulties in two domains (20.9%) compared with 16.5% of adults without

Figure 3. Percent distribution of fatigue duration and intensity among adults age 18 and older who experienced frequent fatigue: United States, 2024



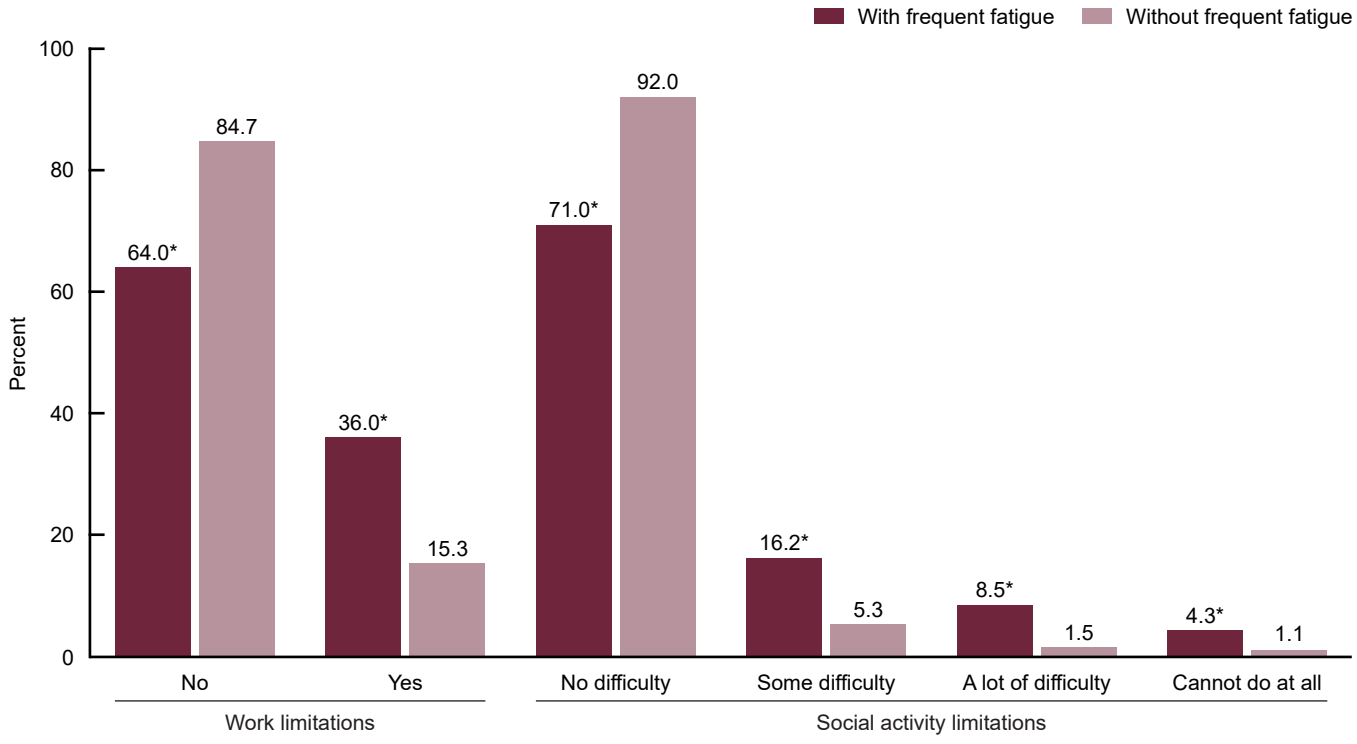
NOTES: Estimates are based on household interviews of a sample of the U.S. civilian noninstitutionalized population. Estimates may not add to 100 due to rounding.
SOURCE: National Center for Health Statistics, National Health Interview Survey, 2024.

Figure 4. Percent distribution of adults age 18 and older with functioning difficulties, by experience of frequent fatigue and number of domains: United States, 2024



* Significantly different from adults without frequent fatigue ($p < 0.05$).
NOTES: Estimates are based on household interviews of a sample of the U.S. civilian noninstitutionalized population. Estimates may not add to 100 due to rounding.
SOURCE: National Center for Health Statistics, National Health Interview Survey, 2024.

Figure 5. Percentage of adults age 18 and older who reported participation limitations, by experience of frequent fatigue: United States, 2024



* Significantly different from adults without frequent fatigue ($p < 0.05$).
NOTE: Estimates are based on household interviews of a sample of the U.S. civilian noninstitutionalized population.
SOURCE: National Center for Health Statistics, National Health Interview Survey, 2024.

frequent fatigue. Moreover, about one-half of adults with frequent fatigue reported functioning difficulties in three or more domains (50.9%) compared with 16.9% of adults without frequent fatigue.

Participation limitations

Adults who experienced frequent fatigue were more likely than adults without frequent fatigue to report limitations in participation (Figure 5, Table 5). Just over one-third of adults who experienced frequent fatigue reported limitations in the kind or amount of work they can do (36.0%), compared with 15.3% of adults without frequent fatigue. Limitations in social activities were also more common among the population with frequent fatigue: Among adults with frequent fatigue, 16.2% reported some difficulty participating in social activities, such as visiting friends, attending clubs and meetings, or going to parties, compared with 5.3% of adults without frequent fatigue. Similarly, 8.5% of adults with frequent fatigue reported a lot of difficulty participating in social activities, and 4.3% reported social activities were something they cannot do at all, compared with 1.5% and 1.1% of adults without frequent fatigue, respectively.

Discussion

This report uses NHIS data to describe the prevalence of fatigue symptoms among adults in the United States by sociodemographic and geographic characteristics, as well as to describe co-occurring functioning difficulties and work and social activity limitations among adults with frequent fatigue. In 2024, nearly three-quarters of adults reported symptoms of fatigue at least some days in the past 3 months, with 16.6% of adults experiencing frequent fatigue (defined as having fatigue symptoms most days or every day). Frequent fatigue was more common among women than men and at younger ages, with the highest percentage among adults ages 18–34 and the lowest percentage among adults age 65 and older. American Indian and Alaska Native adults were more likely to experience frequent fatigue than adults of any other race and Hispanic-origin group, while Asian adults were the least likely to report frequent fatigue. Frequent fatigue decreased with increasing family income and urbanization level, and was more common in the South and Midwest than in other regions. Among adults who frequently experienced fatigue symptoms, about one-half reported that the last time they experienced frequent fatigue, the duration lasted most or all of the day, and more than one-third described the level of fatigue (intensity) as a lot.

Frequent symptoms of fatigue may indicate underlying health problems and may co-occur with difficulty functioning in other domains. Overall, 89.1% of adults who experienced frequent fatigue reported co-occurring functioning difficulties in at least one of the nine other domains, with about one-half (50.9%) reporting difficulties in three or more domains of functioning. In contrast,

60.8% of adults without frequent fatigue reported functioning difficulties in at least one domain and 16.9% reported difficulties in three or more domains. The prevalences of cognition difficulty and symptoms of depression and anxiety were particularly high among adults with frequent fatigue compared with other domains.

Frequent fatigue symptoms may interfere with everyday activities in work and personal life. Adults who reported frequent fatigue were more likely to report participation limitations in work and social activities than adults without frequent fatigue. For example, more than one in three adults with frequent fatigue reported being limited in the kind or amount of work they can do because of a physical, mental, or emotional problem, compared with fewer than one in six adults without frequent fatigue.

As with all studies using cross-sectional data such as NHIS, it is not possible to determine causation when exploring the association between fatigue symptoms and other characteristics. The association between frequent fatigue and functioning difficulties, for example, may result from fatigue symptoms affecting functioning, or be due to an underlying condition producing both fatigue symptoms and difficulty functioning (such as poststroke patients, who might experience both fatigue and cognition difficulties), or be the consequence of a combination of these and other factors.

Previous studies of fatigue have generally focused on subpopulations with specific medical conditions, such as cancer patients (30) or adults with multiple sclerosis (31). An earlier NCHS publication described the prevalence of myalgic encephalomyletis (ME), or chronic fatigue syndrome (CFS), in the United States (32). This report's approach differs by measuring general fatigue symptoms among all adults, an approach that avoids excluding adults whose fatigue symptoms may be unexplained or whose underlying condition is undiagnosed. As such, this report provides a unique look at the prevalence and distribution of fatigue symptoms that are not condition-specific in the general U.S. population, as well as a profile of functioning in the population experiencing frequent fatigue. The observed higher rates of participation limitations in work and social activities among adults with frequent fatigue may inform additional research on the implications of frequent fatigue symptoms for social and economic life, regardless of the underlying cause or causes of fatigue.

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Table 1. Percent distribution of how often adults age 18 and older experienced fatigue in the past 3 months: United States, 2024

Response	Percent (95% confidence interval)
Never	28.5 (27.8–29.2)
Some days	54.9 (54.2–55.6)
Most days	10.7 (10.3–11.2)
Every day	5.9 (5.5–6.3)

NOTE: Estimates are based on household interviews of a sample of the U.S. civilian noninstitutionalized population.

SOURCE: National Center for Health Statistics, National Health Interview Survey, 2024.

Table 2. Percentage of adults age 18 and older who experienced fatigue in the past 3 months, by selected characteristics and frequency of fatigue: United States, 2024

Characteristic	Frequency		
	Never	Some days	Most days or every day (frequent fatigue)
	Percent (95% confidence interval)		
Total	28.5 (27.8–29.2)	54.9 (54.2–55.6)	16.6 (16.1–17.2)
Sex			
Men	33.1* (32.1–34.2)	53.8* (52.7–54.9)	13.0* (12.4–13.7)
Women	24.1 (23.2–25.0)	56.0 (55.0–57.0)	20.0 (19.2–20.8)
Age group (years)			
18–34	25.4† (24.0–26.8)	55.2† (53.7–56.6)	19.5§ (18.4–20.7)
35–49	24.7 (23.4–26.0)	57.9 (56.6–59.3)	17.4 (16.3–18.4)
50–64	30.2 (28.9–31.6)	53.8 (52.4–55.2)	16.0 (14.9–17.1)
65 and older	34.5 (33.4–35.7)	52.6 (51.5–53.7)	12.9 (12.1–13.7)
Race and Hispanic origin			
American Indian and Alaska Native, non-Hispanic	28.3¶** (21.0–36.6)	46.2†† (37.5–55.0)	25.5¶**††§§ (18.5–33.6)
White, non-Hispanic	25.4¶**§§ (24.6–26.2)	56.6¶§§ (55.7–57.5)	18.0¶** (17.3–18.6)
Black, non-Hispanic	29.3¶** (27.2–31.3)	53.4 (51.3–55.5)	17.3¶** (15.7–19.1)
Hispanic	36.2 (34.4–38.0)	50.9 (49.1–52.7)	12.9** (11.8–14.1)
Asian, non-Hispanic	37.4 (34.5–40.3)	53.5 (50.5–56.6)	9.1 (7.4–11.0)
Family income			
Less than 100% FPL	29.1† (26.8–31.5)	49.2§ (46.7–51.7)	21.7§ (19.8–23.7)
100% to less than 200%	27.4 (25.8–29.1)	52.6 (50.8–54.4)	19.9 (18.6–21.3)
200% to less than 400%	27.0 (25.8–28.2)	55.8 (54.4–57.1)	17.3 (16.3–18.3)
400% FPL or more	29.8 (28.8–30.8)	56.6 (55.5–57.6)	13.6 (12.9–14.4)
Region			
South	29.3¶¶ (28.0–30.6)	53.0¶¶***††† (51.7–54.2)	17.7***††† (16.7–18.8)
Midwest	25.2***††† (23.8–26.5)	57.4*** (55.8–59.0)	17.5***††† (16.4–18.6)
West	29.3 (27.9–30.7)	55.2 (53.8–56.6)	15.6 (14.6–16.6)
Northeast	29.5 (27.9–31.1)	56.0 (54.3–57.6)	14.5 (13.3–15.8)
Urbanization level			
Large central metropolitan	30.6§ (29.4–31.9)	54.9 (53.6–56.2)	14.5§ (13.6–15.4)
Large fringe metropolitan	29.3 (27.9–30.7)	55.1 (53.5–56.7)	15.6 (14.5–16.8)
Medium and small metropolitan	27.2 (25.8–28.5)	54.9 (53.6–56.2)	17.9 (16.9–18.9)
Nonmetropolitan	25.0 (23.3–26.6)	54.6 (52.9–56.2)	20.5 (19.1–21.9)

* Significantly different from women ($p < 0.05$).
† Significant quadratic trend ($p < 0.05$).
§ Significant linear trend ($p < 0.05$).
¶ Significantly different from Hispanic adults ($p < 0.05$).
** Significantly different from Asian adults ($p < 0.05$).
†† Significantly different from White adults ($p < 0.05$).
§§ Significantly different from Black adults ($p < 0.05$).
¶¶ Significantly different from adults in the Midwest ($p < 0.05$).
*** Significantly different from adults in the West ($p < 0.05$).
††† Significantly different from adults in the Northeast ($p < 0.05$).

NOTES: Categories shown for non-Hispanic adults are for those who selected only one racial group. Hispanic adults may be of any race or combination of races. Estimates for non-Hispanic adults of other or multiple races are not shown, but they are included in total estimates. FPL is federal poverty level. Estimates are based on household interviews of a sample of the U.S. civilian noninstitutionalized population.

SOURCE: National Center for Health Statistics, National Health Interview Survey, 2024.

Table 3. Percent distribution of fatigue duration and intensity among adults age 18 and older who experienced frequent fatigue: United States, 2024

Duration and intensity of fatigue symptoms	Experienced frequent fatigue	
	Percent (95% confidence interval)	Standard error
Duration		
Some of the day	45.3 (43.6–47.0)	0.9
Most of the day	34.5 (33.0–36.1)	0.8
All day	20.2 (18.9–21.6)	0.7
Intensity		
A little	14.5 (13.2–15.7)	0.6
Somewhere between a little and a lot	46.8 (45.1–48.4)	0.8
A lot	38.8 (37.2–40.4)	0.8

NOTES: Estimates are based on household interviews of a sample of the U.S. civilian noninstitutionalized population. Estimates may not add to 100 due to rounding.

SOURCE: National Center for Health Statistics, National Health Interview Survey, 2024.

Table 4. Percent distribution of adults age 18 and older who reported selected functioning difficulties, by experience of frequent fatigue and number of domains: United States, 2024

Domain of functioning	With frequent fatigue	Without frequent fatigue
Seeing	Percent (95% confidence interval)	
No difficulty	70.2* (68.6–71.7)	84.4 (83.8–85.0)
Some difficulty or more	29.8* (28.3–31.4)	15.6 (15.0–16.2)
Hearing		
No difficulty	76.1* (74.8–77.5)	85.9 (85.4–86.5)
Some difficulty or more	23.9* (22.5–25.2)	14.1 (13.5–14.6)
Walking		
No difficulty	66.5* (64.9–68.1)	84.8 (84.3–85.4)
Some difficulty or more	33.5* (31.9–35.1)	15.2 (14.6–15.7)
Communication		
No difficulty	88.9* (87.7–90.0)	95.3 (94.9–95.6)
Some difficulty or more	11.1* (10.0–12.3)	4.7 (4.4–5.1)
Cognition		
No difficulty	53.9* (52.2–55.7)	80.8 (80.2–81.5)
Some difficulty or more	46.1* (44.3–47.8)	19.2 (18.5–19.8)
Self care		
No difficulty	87.8* (86.6–88.9)	96.9 (96.6–97.2)
Some difficulty or more	12.2* (11.1–13.4)	3.1 (2.8–3.4)
Upper body		
No difficulty	79.3* (77.9–80.6)	92.3 (91.9–92.7)
Some difficulty or more	20.7* (19.4–22.1)	7.7 (7.3–8.1)
Anxiety		
No difficulty	30.4* (28.8–32.0)	65.0 (64.1–65.8)
Some difficulty or more	69.6* (68.0–71.2)	35.0 (34.2–35.9)
Depression		
No difficulty	55.0* (53.4–56.7)	87.3 (86.8–87.8)
Some difficulty or more	45.0* (43.3–46.6)	12.7 (12.2–13.2)
Number of domains with functioning difficulties		
None	10.9* (9.9–12.0)	39.1 (38.3–40.0)
One	17.3* (16.0–18.6)	27.4 (26.8–28.1)
Two	20.9* (19.5–22.4)	16.5 (16.0–17.1)
Three or more	50.9* (49.1–52.6)	16.9 (16.3–17.6)

* Significantly different from adults without frequent fatigue ($p < 0.05$).

NOTE: Estimates are based on household interviews of a sample of the U.S. civilian noninstitutionalized population.

SOURCE: National Center for Health Statistics, National Health Interview Survey, 2024.

Table 5. Percentage of adults age 18 and older who reported participation limitations, by experience of frequent fatigue: United States, 2024

Participation limitation type	With frequent fatigue	Without frequent fatigue
Work	Percent (95% confidence interval)	
No	64.0* (62.2–65.7)	84.7 (84.1–85.3)
Yes	36.0* (34.3–37.8)	15.3 (14.7–15.9)
Social activity		
No difficulty	71.0* (69.4–72.6)	92.0 (91.6–92.5)
Some difficulty	16.2* (14.9–17.6)	5.3 (4.9–5.7)
A lot of difficulty	8.5* (7.6–9.5)	1.5 (1.4–1.7)
Cannot do at all	4.3* (3.6–5.0)	1.1 (1.0–1.3)

* Significantly different from adults without frequent fatigue ($p < 0.05$).

NOTE: Estimates are based on household interviews of a sample of the U.S. civilian noninstitutionalized population.

SOURCE: National Center for Health Statistics, National Health Interview Survey, 2024.

Technical Notes

Definitions

Selected sociodemographic and geographic measures

Family income as a percentage of federal poverty level (*FPL*)—Estimates are based on FPL, which is calculated from family income and family size using the U.S. Census Bureau's poverty thresholds for the previous calendar year (33). Family income was defined as less than 100% FPL, 100% to less than 200% FPL, 200% to less than 400% FPL, and 400% FPL or more. Family income was calculated using National Health Interview Survey imputed income files (34).

Race and Hispanic origin—Respondents were grouped into five categories: Hispanic adults of any race, White non-Hispanic adults, Black or African American non-Hispanic adults, Asian non-Hispanic adults, and American Indian and Alaska Native non-Hispanic adults. These categories were based on responses to two questions asking about race and Hispanic origin, where those characterized as Hispanic may be of any race or combination of races. People who reported more than one race or multiple races were not reported but were included in the overall analysis.

Region—Corresponds to the regions recognized by the U.S. Census Bureau and are defined as Northeast (Connecticut, Maine, Massachusetts, New Hampshire, New Jersey, New York, Pennsylvania, Rhode Island, and Vermont); Midwest (Illinois, Indiana, Iowa, Kansas, Michigan, Minnesota, Missouri, Nebraska, North Dakota, Ohio, South Dakota, and Wisconsin); South (Alabama, Arkansas, Delaware, District of Columbia, Florida, Georgia, Kentucky, Louisiana, Maryland, Mississippi, North Carolina, Oklahoma, South Carolina, Tennessee, Texas, Virginia, and West Virginia); and West (Alaska, Arizona, California, Colorado, Hawaii, Idaho, Montana, Nevada, New Mexico, Oregon, Utah, Washington, and Wyoming).

Urbanization level—Based on the National Center for Health Statistics (NCHS) Urban–Rural Classification Scheme for Counties (35). The NCHS urban–rural classification is based on metropolitan statistical area status, defined by the Office of Management and Budget according to published standards that are applied to U.S. Census Bureau data. This report includes the four-level condensed NCHS urban–rural classification available in the public-use data set: large central metropolitan (similar to inner cities), large fringe metropolitan (similar to suburbs), medium and small metropolitan, and nonmetropolitan. Large metropolitan areas have populations of 1 million or more. Metropolitan areas with populations less than 1 million are classified as medium (populations of 250,000–999,999) or small (populations less than 250,000).

Functioning measures for individual functional domains

Seeing—Based on a response to the question, "Do you have difficulty seeing even when wearing glasses or contact lenses?" Response options are: "no difficulty," "some difficulty," "a lot of difficulty," or "cannot do at all." Two categories were created based on reported level of difficulty: no difficulty and some difficulty or more (includes responses of "some difficulty," "a lot of difficulty," and "cannot do at all").

Hearing—Based on a response to the question, "Do you have difficulty hearing even when using your hearing aid?" Response options are: "no difficulty," "some difficulty," "a lot of difficulty," or "cannot do at all." Two categories were created based on reported level of difficulty: no difficulty and some difficulty or more (includes responses of "some difficulty," "a lot of difficulty," and "cannot do at all").

Walking—Based on a response to the question, "Do you have difficulty walking or climbing steps?" Response options are: "no difficulty," "some difficulty," "a lot of difficulty," or "cannot do at all." Two categories were created based on reported level of difficulty: no difficulty and some difficulty or more (includes responses of "some difficulty," "a lot of difficulty," and "cannot do at all").

Communication—Based on a response to the question, "Using your usual language, do you have difficulty communicating, for example, understanding or being understood?" Response options are: "no difficulty," "some difficulty," "a lot of difficulty," or "cannot do at all." Two categories were created based on reported level of difficulty: no difficulty and some difficulty or more (includes responses of "some difficulty," "a lot of difficulty," and "cannot do at all").

Cognition—Based on a response to the question, "Do you have difficulty remembering or concentrating?" Response options are: "no difficulty," "some difficulty," "a lot of difficulty," or "cannot do at all." Two categories were created based on reported level of difficulty: no difficulty and some difficulty or more (includes responses of "some difficulty," "a lot of difficulty," and "cannot do at all").

Self-care—Based on a response to the question, "Do you have difficulty with self-care, such as washing all over or dressing?" Response options are: "no difficulty," "some difficulty," "a lot of difficulty," or "cannot do at all." Two categories were created based on reported level of difficulty: no difficulty and some difficulty or more (includes responses of "some difficulty," "a lot of difficulty," and "cannot do at all").

Upper body—Based on responses to two questions, "Do you have difficulty raising a 2-liter bottle of water or soda from waist to eye level?" and "Do you have difficulty using your hands and fingers, such as picking up small objects, for example, a button or pencil, or opening or closing containers or bottles?" Response options are: "no difficulty," "some difficulty," "a lot of difficulty," or "cannot do at all." Two categories were created based on the highest level of difficulty reported across the two questions: no difficulty and some difficulty or more (includes responses of "some difficulty," "a lot of difficulty," and "cannot do at all").

Anxiety—Based on a response to the question, "How often do you feel worried, nervous or anxious?" Response options are: "never," "a few times a year," "monthly," "weekly," and "daily." Two categories were created: no difficulty (responses of "never" and "a few times a year"), and some difficulty or more (includes responses of "monthly,"

"weekly," and "daily").

Depression—Based on a response to the question, "How often do you feel depressed?" Response options are: "never," "a few times a year," "monthly," "weekly," and "daily." Two categories were created: no difficulty (responses of "never" and "a few times a year"), and some difficulty or more (includes responses of "monthly," "weekly," and "daily").

U.S. DEPARTMENT OF HEALTH & HUMAN SERVICES

Centers for Disease Control and Prevention
National Center for Health Statistics
3311 Toledo Road, Room 4551, MS P08
Hyattsville, MD 20782–2064

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