**Background:** Fatigue affects between49 and 92% of dialysis patients with considerable repercussions on their functioning and quality of life.

**Purpose:** To evaluate whether fatigue severity and its impact on functioning predict survival (all-cause mortality) and time to transplantation among in-centre haemodialysis patients.

**Methods:** As part of a prospective study of fatigue among in-centre haemodialysis patients, survival data was collected between April 2014 and August 2017. Fatigue severity was measured using the Chalder Fatigue Questionnaire (CFQ) and fatigue-related functional impairment using the Work and Social Adjustment Scale (WSAS). Sociodemographic, clinical, and psychological data were collected. The association between fatigue and outcomes was assessed using proportional hazard survival models, allowing for competing risks, and discrete-time survival models. All models were adjusted for relevant risk factors.

**Results:** The sample consisted of 174 haemodialysis patients. There were 37 deaths and 31 transplantations over 3 years. At 1095 days (36 months), cumulative survival was 70.5% and the cumulative transplantation rate was 22.2%. In unadjusted models, fatigue was significantly associated with an increased risk of death (CFQ-continuous SHR=1.06, 95% CI 1.02, 1.11; CFQ-dichotomous SHR=2.18, 95% CI 1.11, 4.31; WSAS SHR=1.03, 95% CI 1.01, 1.05) and decreased likelihood of transplantation (CFQ-continuous SHR=0.92, 95% CI 0.87, 0.98; CFQ-dichotomous SHR=0.33, 95% CI 0.15, 0.75; WSAS SHR=0.96, 95% CI 0.93, 0.99). However, these associations ceased to be significant after controlling for covariates.

**Conclusions:** Fatigue was predictive of an increased risk of death and decreased likelihood of transplantation among patients, possibly through distress, impaired functioning and its consequences, rather than clinical and inflammatory markers.