

Participant ID:

{pid} {varchar 9}

Date of Visit:

{d_form} {datetime 8,3}

Acrostic:

{acrostic} {varchar 6}

Administered By:

{compby} {varchar 5}

Visit Code:

{visit_code} {varchar 4}

Barcode:

{barcode} {varchar 10}

The following questions ask you to indicate the level of physical and mental fatigue (i.e. tiredness, exhaustion) you expect or imagine you would feel immediately after completing each of the ten listed activities.

For each activity (a-j) please circle responses for both physical and mental fatigue between 0 and 5, where "0" equals no fatigue at all and "5" equals extreme fatigue.

In the last column indicate if you have done the activity in the past month. If you answer "No", please make your best guess for the fatigue questions (see Example 2 below). Please fill out all three columns for every activity even for those that you do not do. Also pay careful attention to the duration (e.g., 30 minutes) and intensity (e.g., moderate, brisk) of each activity.

Physical Fatigue

Mental Fatigue

Have you done this activity in the past month?

a. Leisurely walk for 30 minutes

{slowwalk_phy} {int 4}

- ()
- (0) 0 - No Fatigue
- (1) 1
- (2) 2
- (3) 3
- (4) 4
- (5) 5- Extreme Fatigue

{slowwalk_ment} {int 4}

- ()
- (0) 0- No Fatigue
- (1) 1
- (2) 2
- (3) 3
- (4) 4
- (5) 5- Extreme Fatigue

{slowwalk} {int 4}

- ()
- (G) G- No
- (1) 1- Yes

b. Brisk or fast walk for 1 hour

{fastwalk_phy} {int 4}

- ()
- (0) 0 - No Fatigue
- (1) 1
- (2) 2
- (3) 3
- (4) 4
- (5) 5- Extreme Fatigue

{fastwalk_ment} {int 4}

- ()
- (0) 0 - No Fatigue
- (1) 1
- (2) 2
- (3) 3
- (4) 4
- (5) 5- Extreme Fatigue

{fastwalk} {int 4}

- ()
- (G) G- No
- (1) 1- Yes

c.

Light household activity for 1 hour (cleaning, cooking, dusting, straightening up, baking, making beds, dish washing, watering plants)

{lighthouse_phy} {int 4}

- ()
- (0) 0 - No Fatigue
- (1) 1
- (2) 2
- (3) 3
- (4) 4
- (5) 5- Extreme Fatigue

{lighthouse_ment} {int 4}

- ()
- (0) 0 - No Fatigue
- (1) 1
- (2) 2
- (3) 3
- (4) 4
- (5) 5- Extreme Fatigue

{lighthouse} {int 4}

- ()
- (G) G No
- (1) 1- Yes

d.

Heavy gardening or outdoor work for 1 hour (mowing (push), raking, weeding, planting, shoveling snow)

{garden_phy} {int 4}

- ()
- (0) 0- No Fatigue
- (1) 1
- (2) 2
- (3) 3
- (4) 4
- (5) 5- Extreme Fatigue

{garden_ment} {int 4}

- ()
- (0) 0- No Fatigue
- (1) 1
- (2) 2
- (3) 3
- (4) 4
- (5) 5- Extreme Fatigue

{garden} {int 4}

- ()
- (G) G No
- (1) 1- Yes

e. **Watching TV for 2 hours**

{tv_phy} {int 4}

- ()
- (0) 0 - No Fatigue
- (1) 1

- (2) 2
- (3) 3
- (4) 4
- (5) 5- Extreme Fatigue

{tv_ment} {int 4}

- ()
- (0) 0 - No Fatigue
- (1) 1
- (2) 2
- (3) 3
- (4) 4
- (5) 5- Extreme Fatigue

{tv} {int 4}

- ()
- (G) G No
- (1) 1- Yes

f. Sitting quietly for 1 hour

{sitting_phy} {int 4}

- ()
- (0) 0 - No Fatigue
- (1) 1
- (2) 2
- (3) 3
- (4) 4
- (5) 5- Extreme Fatigue

{sitting_ment} {int 4}

- ()
- (0) 0 - No Fatigue
- (1) 1
- (2) 2
- (3) 3
- (4) 4
- (5) 5- Extreme Fatigue

{sitting} {int 4}

- ()
- (G) G No
- (1) 1- Yes

g.

Moderate-to high-intensity strength training for 30 minutes (hand-held weights or machines greater than 5 lbs., push-ups)

{strength_phy} {int 4}

- ()
- (0) 0 - No Fatigue
- (1) 1
- (2) 2
- (3) 3
- (4) 4

(5) 5- Extreme Fatigue

{strength_ ment} {int 4}

- ()
- (0) 0 - No Fatigue
- (1) 1
- (2) 2
- (3) 3
- (4) 4
- (5) 5- Extreme Fatigue

{strength} {int 4}

- ()
- (G) G No
- (1) 1- Yes

h.

Participating in a social activity for 1 hour (party, dinner, senior center, gathering with family/friends, playing cards, bridge)

{social_phy} {int 4}

- ()
- (0) 0 - No Fatigue
- (1) 1
- (2) 2
- (3) 3
- (4) 4
- (5) 5- Extreme Fatigue

{social_ ment} {int 4}

- ()
- (0) 0 - No Fatigue
- (1) 1
- (2) 2
- (3) 3
- (4) 4
- (5) 5- Extreme Fatigue

{social} {int 4}

- ()
- (G) 2- No
- (1) 1- Yes

i. Hosting a social event for 1 hour (not including preparation time)

{host_phy} {int 4}

- ()
- (0) 0 - No Fatigue
- (1) 1
- (2) 2
- (3) 3
- (4) 4
- (5) 5- Extreme Fatigue

{host_ ment} {int 4}

()

- (0) 0 - No Fatigue
- (1) 1
- (2) 2
- (3) 3
- (4) 4
- (5) 5- Extreme Fatigue

{host} {int 4}

- ()
- (2) 2- No
- (1) 1- Yes

j.

High-intensity activity for 30 minutes (jogging, hiking, biking, swimming, racquet sports, aerobic machines, dancing, Zumba)

{activity_phy} {int 4}

- ()
- (0) 0 - No Fatigue
- (1) 1
- (2) 2
- (3) 3
- (4) 4
- (5) 5- Extreme Fatigue

{activity_ment} {int 4}


- ()
- (0) 0 - No Fatigue
- (1) 1
- (2) 2
- (3) 3
- (4) 4
- (5) 5- Extreme Fatigue

{activity} {int 4}

- ()
- (2) 2- No
- (1) 1- Yes

Physical Fatigability Score	Mental Fatigability Score
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Pittsburgh Fatigability Scale

PID:	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	ADMINISTERED BY:	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
ACROSTIC:	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	 123456789	
VISIT:	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		
DATE of VISIT:	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / 20 <input type="text"/> <input type="text"/>		

The following questions ask you to indicate the level or **physical** and **mental** fatigue (i.e. tiredness, exhaustion) you expect or imagine you would feel immediately after completing each of the ten listed activities.

For each activity (a-j) please circle responses for both physical and mental fatigue between 0 and 5, where "0" equals no fatigue at all and "5" equals extreme fatigue.

In the last column indicate if you have done the activity in the past month. If you answer "No", please make your best guess for the fatigue questions (see Example 2 below). **Please fill out all three columns for every activity even for those that you do not do.** Also pay careful attention to the duration (e.g., 30 minutes) and intensity (e.g., moderate, brisk) of each activity.

	Physical Fatigue					Mental Fatigue					Have you done this activity in the past month?			
	No Fatigue 0				Extreme Fatigue 5	No Fatigue 0				Extreme Fatigue 5				
a. Leisurely walk for 30 minutes	0	1	2	3	4	5	0	1	2	3	4	5	Yes	No
b. Brisk or fast walk for 1 hour	0	1	2	3	4	5	0	1	2	3	4	5	Yes	No
c. Light household activity for 1 hour (<i>cleaning, cooking, dusting, straightening up, baking, making beds, dish washing, watering plants</i>)	0	1	2	3	4	5	0	1	2	3	4	5	Yes	No
d. Heavy gardening or outdoor work for 1 hour (<i>mowing (push), raking, weeding, planting, shoveling snow</i>)	0	1	2	3	4	5	0	1	2	3	4	5	Yes	No
e. Watching TV for 2 hours	0	1	2	3	4	5	0	1	2	3	4	5	Yes	No
f. Sitting quietly for 1 hour	0	1	2	3	4	5	0	1	2	3	4	5	Yes	No
g. Moderate-to high-intensity strength training for 30 minutes (<i>hand-held weights or machines greater than 5 lbs., push-ups</i>)	0	1	2	3	4	5	0	1	2	3	4	5	Yes	No
h. Participating in a social activity for 1 hour (<i>party, dinner, senior center, gathering with family/friends, playing cards, bridge</i>)	0	1	2	3	4	5	0	1	2	3	4	5	Yes	No
i. Hosting a social event for 1 hour (<i>not including preparation time</i>)	0	1	2	3	4	5	0	1	2	3	4	5	Yes	No
j. High-intensity activity for 30 minutes (<i>jogging, hiking, biking, swimming, racquet sports, aerobic machines, dancing, Zumba</i>)	0	1	2	3	4	5	0	1	2	3	4	5	Yes	No