

## ENRGISE PILOT STUDY: FATIGABILITY SCALE

Visit Date Completed   /   /

Staff ID

Rev: \_\_\_\_\_

DE: \_\_\_\_\_

Date: \_\_\_\_\_

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 (1-10) 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.

Examples:	Physical Fatigue					Mental Fatigue					Have you done this activity <u>in the past month</u> ?			
	No Fatigue				Extreme Fatigue	No Fatigue				Extreme Fatigue	Yes	No		
	0	←	→	5	0	←	→	5						
Example Activity 1	0	1	2	3	4	5	0	1	2	3	4	5	Yes	No
Example Activity 2	0	1	2	3	4	5	0	1	2	3	4	5	Yes	No

Activity	Physical Fatigue					Mental Fatigue					Have you done this activity <u>in the past month</u> ?			
	No Fatigue				Extreme Fatigue	No Fatigue				Extreme Fatigue	Yes	No		
	0	←	→	5	0	←	→	5						
1. Leisurely walk for 30 minutes	0	1	2	3	4	5	0	1	2	3	4	5	Yes	No
2. Brisk or fast walk for 1 hour	0	1	2	3	4	5	0	1	2	3	4	5	Yes	No
3. Light household activity for 1 hour (cleaning, cooking, dusting, straightening up, baking, making beds, dishwashing, watering plants)	0	1	2	3	4	5	0	1	2	3	4	5	Yes	No
4. Heavy gardening or outdoor work for 1 hour (mowing (push), raking, weeding, planting, shovelling snow)	0	1	2	3	4	5	0	1	2	3	4	5	Yes	No

Activity	Physical Fatigue					Mental Fatigue					Have you done this activity in the past month?			
	No Fatigue				Extreme Fatigue	No Fatigue				Extreme Fatigue				
	0	←	→	5	0	←	→	5			Yes	No		
5. Watching TV for 2 hours	0	1	2	3	4	5	0	1	2	3	4	5	Yes	No
6. Sitting quietly for 1 hour	0	1	2	3	4	5	0	1	2	3	4	5	Yes	No
7. 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
8. 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
9. 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
10. 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

**PLEASE MAKE SURE YOU COMPLETED EVERY QUESTION IN EVERY COLUMN, EVEN IF YOU SAID "NO" TO DOING AN ACTIVITY.**