

NAME :

DOB:

Date:

Pittsburgh Fatigability Scale

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 place a X indicating 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 in the past month?			
	No Fatigue				Extreme Fatigue	No Fatigue				Extreme Fatigue	YES	NO		
	0	1	2	3	4	5	0	1	2	3	4	5		
Example Activity 1	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Example Activity 2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

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