

Protocol ID: _____

Study Name: _____

Site: _____

Event Name: _____

Event Date: _____

Study Subject ID: _____

Interviewer Name: _____

Interview Date: _____

BLSA Activity Related Fatigue Scale - V1.0**Section Title: Fatigue Scale****Instructions:**

Visit Date

Tester ID

☐ Blank

Please make sure you completed every question, even if you said "NO" to doing an activity

Leisurely walk for 30 minutesPhysical Fatigue ☐ 0 No fatigue ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 Extreme fatigue Click to deselect entryMental fatigue ☐ 0 No fatigue ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 Extreme fatigue Click to deselect entryEnergy level ☐ -5 Lost most energy ☐ -4 ☐ -3 ☐ -2 ☐ -1 ☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 Gained most energy Click to deselect entryDone this activity in the past month? ☐ Yes ☐ No Click to deselect entry**Leisurely walk for 1 hour**Physical Fatigue ☐ 0 No fatigue ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 Extreme fatigue Click to deselect entryMental fatigue ☐ 0 No fatigue ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 Extreme fatigue Click to deselect entryEnergy level ☐ -5 Lost most energy ☐ -4 ☐ -3 ☐ -2 ☐ -1 ☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 Gained most energy Click to deselect entryDone this activity in the past month? ☐ Yes ☐ No Click to deselect entry**Brisk or fast walk for 30 minutes**Physical Fatigue ☐ 0 No fatigue ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 Extreme fatigue Click to deselect entryMental Fatigue ☐ 0 No fatigue ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 Extreme fatigue Click to deselect entryEnergy Level ☐ -5 Lost most energy ☐ -4 ☐ -3 ☐ -2 ☐ -1 ☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 Gained most energy Click to deselect entryDone this activity in the past month? ☐ Yes ☐ No Click to deselect entry**Brisk or fast walk for 1 hour**Physical Fatigue ☐ 0 No fatigue ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 Extreme fatigue Click to deselect entry

Mental Fatigue ☐ 0 No fatigue ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 Extreme fatigue [Click to deselect entry](#)

Energy Level ☐ -5 Lost most energy ☐ -4 ☐ -3 ☐ -2 ☐ -1 ☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 Gained most energy [Click to deselect entry](#)

Done this activity in the past month? ☐ Yes ☐ No [Click to deselect entry](#)

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

Physical Fatigue ☐ 0 No fatigue ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 Extreme fatigue [Click to deselect entry](#)

Mental Fatigue ☐ 0 No fatigue ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 Extreme fatigue [Click to deselect entry](#)

Energy Level ☐ -5 Lost most energy ☐ -4 ☐ -3 ☐ -2 ☐ -1 ☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 Gained most energy [Click to deselect entry](#)

Done this activity in the past month? ☐ Yes ☐ No [Click to deselect entry](#)

Moderate household activity for 30 min (e.g., sweeping, vacuuming, mopping, washing car, laundry)

Physical Fatigue ☐ 0 No fatigue ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 Extreme fatigue [Click to deselect entry](#)

Mental Fatigue ☐ 0 No fatigue ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 Extreme fatigue [Click to deselect entry](#)

Energy Level ☐ -5 Lost most energy ☐ -4 ☐ -3 ☐ -2 ☐ -1 ☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 Gained most energy [Click to deselect entry](#)

Done this activity in the past month? ☐ Yes ☐ No [Click to deselect entry](#)

Heavy household activity for 30 min (e.g., scrubbing windows, walls or floors, cleaning gutters, painting, scraping, hanging wallpaper)

Physical Fatigue ☐ 0 No fatigue ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 Extreme fatigue [Click to deselect entry](#)

Mental Fatigue ☐ 0 No fatigue ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 Extreme fatigue [Click to deselect entry](#)

Energy Level ☐ -5 Lost most energy ☐ -4 ☐ -3 ☐ -2 ☐ -1 ☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 Gained most energy [Click to deselect entry](#)

Done this activity in the past month? ☐ Yes ☐ No [Click to deselect entry](#)

Heavy gardening or yard work for 1 hour (e.g., mowing (push), raking, weeding, planting, shoveling snow)

Physical Fatigue ☐ 0 No fatigue ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 Extreme fatigue [Click to deselect entry](#)

Mental Fatigue ☐ 0 No fatigue ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 Extreme fatigue [Click to deselect entry](#)

Energy Level ☐ -5 Lost most energy ☐ -4 ☐ -3 ☐ -2 ☐ -1 ☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 Gained most energy [Click to deselect entry](#)

Done this activity in the past month? ☐ Yes ☐ No [Click to deselect entry](#)

Reading for 1 hour

Physical Fatigue ☐ 0 No fatigue ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 Extreme fatigue [Click to deselect entry](#)

Mental Fatigue ☐ 0 No fatigue ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 Extreme fatigue [Click to deselect entry](#)

Energy Level ☐ -5 Lost most energy ☐ -4 ☐ -3 ☐ -2 ☐ -1 ☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 Gained most energy [Click to deselect entry](#)

Done this activity in the past month? ☐ Yes ☐ No [Click to deselect entry](#)

Watching TV for 2 hours

Physical Fatigue ☐ 0 No fatigue ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 Extreme fatigue [Click to deselect entry](#)

Mental Fatigue ☐ 0 No fatigue ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 Extreme fatigue [Click to deselect entry](#)

Energy Level ☐ -5 Lost most energy ☐ -4 ☐ -3 ☐ -2 ☐ -1 ☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 Gained most energy [Click to deselect entry](#)

Done this activity in the past month? ☐ Yes ☐ No [Click to deselect entry](#)

Sit quietly for 1 hour

Physical Fatigue ☐ 0 No fatigue ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 Extreme fatigue [Click to deselect entry](#)

Mental Fatigue ☐ 0 No fatigue ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 Extreme fatigue [Click to deselect entry](#)

Energy Level ☐ -5 Lost most energy ☐ -4 ☐ -3 ☐ -2 ☐ -1 ☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 Gained most energy [Click to deselect entry](#)

Done this activity in the past month? ☐ Yes ☐ No [Click to deselect entry](#)

Doing paperwork for 1 hr (e.g., writing, typing, accounting, making plans)

Physical Fatigue ☐ 0 No fatigue ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 Extreme fatigue [Click to deselect entry](#)

Mental Fatigue ☐ 0 No fatigue ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 Extreme fatigue [Click to deselect entry](#)

Energy Level ☐ -5 Lost most energy ☐ -4 ☐ -3 ☐ -2 ☐ -1 ☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 Gained most energy [Click to deselect entry](#)

Done this activity in the past month? ☐ Yes ☐ No [Click to deselect entry](#)

Using a computer for 1 hr (e.g., e-mail, web browsing, bill paying, word processing, gaming)

Physical Fatigue ☐ 0 No fatigue ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 Extreme fatigue [Click to deselect entry](#)

Mental Fatigue ☐ 0 No fatigue ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 Extreme fatigue [Click to deselect entry](#)

Energy Level ☐ -5 Lost most energy ☐ -4 ☐ -3 ☐ -2 ☐ -1 ☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 Gained most energy [Click to deselect entry](#)

Done this activity in the past month? ☐ Yes ☐ No [Click to deselect entry](#)

Light intensity strength training for 30 min (e.g., using hand-held weights, elastic bands or machines with less than 10 lbs)

Physical Fatigue ☐ 0 No fatigue ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 Extreme fatigue [Click to deselect entry](#)

Mental Fatigue ☐ 0 No fatigue ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 Extreme fatigue [Click to deselect entry](#)

Energy Level ☐ -5 Lost most energy ☐ -4 ☐ -3 ☐ -2 ☐ -1 ☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 Gained most energy [Click to deselect entry](#)

Done this activity in the past month? ☐ Yes ☐ No [Click to deselect entry](#)

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

Physical Fatigue ☐ 0 No fatigue ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 Extreme fatigue [Click to deselect entry](#)

Mental Fatigue ☐ 0 No fatigue ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 Extreme fatigue [Click to deselect entry](#)

Energy Level ☐ -5 Lost most energy ☐ -4 ☐ -3 ☐ -2 ☐ -1 ☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 Gained most energy [Click to deselect entry](#)

Done this activity in the past month? ☐ Yes ☐ No [Click to deselect entry](#)

Dancing for 30 min (e.g., square, folk, line, ballroom)

Physical Fatigue ☐ 0 No fatigue ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 Extreme fatigue [Click to deselect entry](#)

Mental Fatigue ☐ 0 No fatigue ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 Extreme fatigue [Click to deselect entry](#)

Energy Level ☐ -5 Lost most energy ☐ -4 ☐ -3 ☐ -2 ☐ -1 ☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 Gained most energy [Click to deselect entry](#)

Done this activity in the past month? ☐ Yes ☐ No [Click to deselect entry](#)

Having a verbal conversaton for 1 hr (e.g., in person, on telephone, or video chat)

Physical Fatigue ☐ 0 No fatigue ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 Extreme fatigue [Click to deselect entry](#)

Mental Fatigue ☐ 0 No fatigue ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 Extreme fatigue [Click to deselect entry](#)

Energy Level ☐ -5 Lost most energy ☐ -4 ☐ -3 ☐ -2 ☐ -1 ☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 Gained most energy [Click to deselect entry](#)

Done this activity in the past month? ☐ Yes ☐ No [Click to deselect entry](#)

Shopping for 1 hr

Physical Fatigue ☐ 0 No fatigue ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 Extreme fatigue [Click to deselect entry](#)

Mental Fatigue ☐ 0 No fatigue ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 Extreme fatigue [Click to deselect entry](#)

Energy Level ☐ -5 Lost most energy ☐ -4 ☐ -3 ☐ -2 ☐ -1 ☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 Gained most energy [Click to deselect entry](#)

Done this activity in the past month? ☐ Yes ☐ No [Click to deselect entry](#)

Drive a vehicle for 1 hr

Physical Fatigue ☐ 0 No fatigue ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 Extreme fatigue [Click to deselect entry](#)

Mental Fatigue ☐ 0 No fatigue ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 Extreme fatigue [Click to deselect entry](#)

Energy Level ☐ -5 Lost most energy ☐ -4 ☐ -3 ☐ -2 ☐ -1 ☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 Gained most energy [Click to deselect entry](#)

Done this activity in the past month? ☐ Yes ☐ No [Click to deselect entry](#)

Attending a club or group meeting for 1 hour

Physical Fatigue ☐ 0 No fatigue ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 Extreme fatigue [Click to deselect entry](#)

Mental Fatigue ☐ 0 No fatigue ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 Extreme fatigue [Click to deselect entry](#)

Energy Level ☐ -5 Lost most energy ☐ -4 ☐ -3 ☐ -2 ☐ -1 ☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 Gained most energy [Click to deselect entry](#)

Done this activity in the past month? ☐ Yes ☐ No [Click to deselect entry](#)

Attending a concert, lecture, movie or sporting event for 2 hours

Physical Fatigue ☐ 0 No fatigue ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 Extreme fatigue [Click to deselect entry](#)

Mental Fatigue ☐ 0 No fatigue ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 Extreme fatigue [Click to deselect entry](#)

Energy Level ☐ -5 Lost most energy ☐ -4 ☐ -3 ☐ -2 ☐ -1 ☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 Gained most energy [Click to deselect entry](#)

Done this activity in the past month? ☐ Yes ☐ No [Click to deselect entry](#)

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

Physical Fatigue ☐ 0 No fatigue ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 Extreme fatigue [Click to deselect entry](#)

Mental Fatigue ☐ 0 No fatigue ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 Extreme fatigue [Click to deselect entry](#)

Energy Level ☐ -5 Lost most energy ☐ -4 ☐ -3 ☐ -2 ☐ -1 ☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 Gained most energy [Click to deselect entry](#)

Done this activity in the past month? ☐ Yes ☐ No [Click to deselect entry](#)

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

Physical Fatigue ☐ 0 No fatigue ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 Extreme fatigue [Click to deselect entry](#)

Mental Fatigue ☐ 0 No fatigue ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 Extreme fatigue [Click to deselect entry](#)

Energy Level ☐ -5 Lost most energy ☐ -4 ☐ -3 ☐ -2 ☐ -1 ☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 Gained most energy [Click to deselect entry](#)

Done this activity in the past month? ☐ Yes ☐ No [Click to deselect entry](#)

Light intensity activity for 30 min (e. g., dressing, showering, getting ready to go out, walking around the house)

Physical Fatigue ☐ 0 No fatigue ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 Extreme fatigue [Click to deselect entry](#)

Mental Fatigue ☐ 0 No fatigue ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 Extreme fatigue [Click to deselect entry](#)

Energy Level ☐ -5 Lost most energy ☐ -4 ☐ -3 ☐ -2 ☐ -1 ☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 Gained most energy [Click to deselect entry](#)

Done this activity in the past month? ☐ Yes ☐ No [Click to deselect entry](#)

Moderate intensity activity for 30 min (e. g., bowling, golf (walking or pull cart) water exercise, table tennis, bocce, fishing, hunting)

Physical Fatigue ☐ 0 No fatigue ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 Extreme fatigue [Click to deselect entry](#)

Mental Fatigue ☐ 0 No fatigue ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 Extreme fatigue [Click to deselect entry](#)

Energy Level ☐ -5 Lost most energy ☐ -4 ☐ -3 ☐ -2 ☐ -1 ☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 Gained most energy [Click to deselect entry](#)

Done this activity in the past month? ☐ Yes ☐ No [Click to deselect entry](#)

High intensity activity for 30 minutes (e.g., jogging, hiking, biking, swimming laps, racquet sports, aerobic machines or dancing, Zumba)

Physical Fatigue ☐ 0 No fatigue ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 Extreme fatigue [Click to deselect entry](#)

Mental Fatigue ☐ 0 No fatigue ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 Extreme fatigue [Click to deselect entry](#)

Energy Level ☐ -5 Lost most energy ☐ -4 ☐ -3 ☐ -2 ☐ -1 ☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 Gained most energy [Click to deselect entry](#)

Done this activity in the past month? ☐ Yes ☐ No [Click to deselect entry](#)

Please choose the number below that best describes your usual energy level in the past month on a scale of 1 to 10 , where 0 is no energy at all and 10 is the most energy that you have ever had.

Energy level ☐ 0 no energy at all ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10 most energy ever [Click to deselect entry](#)

Please rate your level of physical and mental fatigue after completing this questionnaire.

Physical Fatigue ☐ 0 No fatigue ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 Extreme fatigue [Click to deselect entry](#)

Mental Fatigue ☐ 0 No fatigue ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 Extreme fatigue [Click to deselect entry](#)

Energy Level ☐ -5 Lost most energy ☐ -4 ☐ -3 ☐ -2 ☐ -1 ☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 Gained most energy [Click to deselect entry](#)