

Protocol ID: _____
Study Name: _____
Site: _____
Event Name: _____
Event Date: _____

Study Subject ID: _____
Interviewer Name: _____
Interview Date: _____

BLSA Activity Related Fatigue Scale - V1.1

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 minutes

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](#)

Done 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](#)

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](#)

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](#)

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](#)

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](#)

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](#)

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](#)

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](#)

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](#)

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