

## ESCALA DE FADIGA DE PIPER - REVISADA

Instruções: Para cada questão a seguir, circule o número que melhor descreve a fadiga que você está sentindo AGORA. Por favor, esforce-se para responder cada questão da melhor maneira possível.

**1. Há quanto tempo você está sentindo fadiga? (assinale somente UMA resposta)**

( ) Dias                      ( ) Semanas                      ( ) Meses                      ( ) Horas                      ( ) Minutos

( ) Outro - por favor descreva: \_\_\_\_\_

**2. Quanto estresse a fadiga que você sente agora causa?**

Nenhum estresse

Muito estresse

1	2	3	4	5	6	7	8	9	10
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**3. Quanto a fadiga interfere na sua capacidade de completar suas atividades de trabalho ou escolares?**

Nada

Muito

1	2	3	4	5	6	7	8	9	10
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**4. Quanto a fadiga interfere na sua habilidade de visitar ou estar junto com seus amigos?**

Nada

Muito

1	2	3	4	5	6	7	8	9	10
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**5. Quanto a fadiga interfere na sua habilidade de ter atividade sexual?**

Nada

Muito

1	2	3	4	5	6	7	8	9	10
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**6. De modo geral, quanto a fadiga interfere na capacidade de realizar qualquer tipo de atividade que você gosta?**

Nada

Muito

1	2	3	4	5	6	7	8	9	10
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**7. Como você descreveria a intensidade ou a magnitude da fadiga que você está sentindo agora?**

Leve

Intensa

1	2	3	4	5	6	7	8	9	10
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## 8. Como você descreveria a fadiga que você está sentindo agora?

Agradável

Desagradável

1	2	3	4	5	6	7	8	9	10
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Aceitável

Inaceitável

1	2	3	4	5	6	7	8	9	10
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Protetora

Destruidora

1	2	3	4	5	6	7	8	9	10
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Positiva

Negativa

1	2	3	4	5	6	7	8	9	10
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Normal

Anormal

1	2	3	4	5	6	7	8	9	10
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Nenhum Estresse

Muito Estresse

1	2	3	4	5	6	7	8	9	10
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## 9. Quanto você está se sentindo...

Fraco

Forte

1	2	3	4	5	6	7	8	9	10
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Acordado

Sonolento

1	2	3	4	5	6	7	8	9	10
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Com vida

Apático

1	2	3	4	5	6	7	8	9	10
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Com vigor

Cansado

1	2	3	4	5	6	7	8	9	10
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Com energia

Sem energia

1	2	3	4	5	6	7	8	9	10
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Paciente

Impaciente

1	2	3	4	5	6	7	8	9	10
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Relaxado

Tenso

1	2	3	4	5	6	7	8	9	10
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Extremamente feliz

Deprimido

1	2	3	4	5	6	7	8	9	10
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Capaz de se concentrar

Incapaz de se concentrar

1	2	3	4	5	6	7	8	9	10
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Capaz de se lembrar

Incapaz de se lembrar

1	2	3	4	5	6	7	8	9	10
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Capaz de pensar com clareza

Incapaz de pensar com clareza

1	2	3	4	5	6	7	8	9	10
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**10. De modo geral, o que você acha que contribui ou causa a sua fadiga?**

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**11. De modo geral, o que mais alivia a sua fadiga é:**

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**12. Existe mais alguma coisa que você gostaria de dizer para descrever melhor sua fadiga ?**

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**13. Você está sentindo qualquer outro sintoma agora?**

( ) Não    ( ) Sim. Por favor descreva: \_\_\_\_\_

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Fonte:

ABCP. Associação Brasileira de Cuidados Paliativos. Consenso Brasileiro de Fadiga. Revista Brasileira de Cuidados Paliativos, vol. 3, n.2, Suplemento 1, 2010.  
[http://www.cuidadospaliativos.com.br/img/din/file/consenso\\_fadiga.pdf](http://www.cuidadospaliativos.com.br/img/din/file/consenso_fadiga.pdf)