

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

# Qualifying Assessment

ID \_\_\_\_\_

## PIPER FATIGUE SCALE (PFS)

Directions: Many individuals can experience a sense of unusual or excessive tiredness whenever they become ill, receive treatment, or recover from their illness/treatment. This unusual sense of tiredness is not usually relieved by either a good night's sleep or by rest. Some call this symptom "fatigue" to distinguish it from the usual sense of tiredness.

For each of the following questions, please fill in the space provided for that response that best describes the fatigue you are experiencing now or for today. Please make every effort to answer each question to the best of your ability. If you are not experiencing fatigue now or for today, fill in the circle indicating "0" for your response. Thank you very much!

1. How long have you been feeling fatigue? (Check one response only).

- 1. not feeling fatigue
- 2. minutes
- 3. hours
- 4. days
- 5. weeks
- 6. months
- 7. other (Please describe) \_\_\_\_\_

2. To what degree is the fatigue you are feeling now causing you distress?

No Distress								A Great Deal	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1	2	3	4	5	6	7	8	9	10

3. To what degree is the fatigue you are feeling now interfering with your ability to complete your work or school activities?

None								A Great Deal	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1	2	3	4	5	6	7	8	9	10

4. To what degree is the fatigue you are feeling now interfering with your ability to socialize with your friends?

None								A Great Deal	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1	2	3	4	5	6	7	8	9	10

5. To what degree is the fatigue you are feeling now interfering with your ability to engage in sexual activity?

None								A Great Deal	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1	2	3	4	5	6	7	8	9	10

6. Overall, how much is the fatigue which you are now experiencing interfering with your ability to engage in the kind of activities you enjoy doing?

None								A Great Deal	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1	2	3	4	5	6	7	8	9	10

7. How would you describe the degree of intensity or severity of the fatigue which you are experiencing now?

Mild								Severe	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1	2	3	4	5	6	7	8	9	10

8. To what degree would you describe the fatigue which you are experiencing now as being?

Pleasant								Unpleasant	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1	2	3	4	5	6	7	8	9	10

9. To what degree would you describe the fatigue which you are experiencing now as being?

Agreeable								Disagreeable	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1	2	3	4	5	6	7	8	9	10

10. To what degree would you describe the fatigue which you are experiencing now as being?

Protective								Destructive	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1	2	3	4	5	6	7	8	9	10

11. To what degree would you describe the fatigue which you are experiencing now as being?

Positive								Negative	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1	2	3	4	5	6	7	8	9	10

12. To what degree would you describe the fatigue which you are experiencing now as being:

Normal					Abnormal				
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1	2	3	4	5	6	7	8	9	10

13. To what degree are you now feeling:

Strong					Weak				
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1	2	3	4	5	6	7	8	9	10

14. To what degree are you now feeling:

Awake					Sleepy				
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1	2	3	4	5	6	7	8	9	10

15. To what degree are you now feeling:

Lively					Listless				
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1	2	3	4	5	6	7	8	9	10

16. To what degree are you now feeling:

Refreshed					Tired				
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1	2	3	4	5	6	7	8	9	10

17. To what degree are you now feeling:

Energetic					Unenergetic				
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1	2	3	4	5	6	7	8	9	10

18. To what degree are you now feeling:

Patient					Impatient				
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1	2	3	4	5	6	7	8	9	10

19. To what degree are you now feeling:

Relaxed					A Great Deal				
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1	2	3	4	5	6	7	8	9	10

20. To what degree are you now feeling:

Exhilarated

Depressed

1 2 3 4 5 6 7 8 9 10

21. To what degree are you now feeling:

Able to Concentrate

Unable to Concentrate

1 2 3 4 5 6 7 8 9 10

22. To what degree are you now feeling:

Able to Remember

Unable to Remember

1 2 3 4 5 6 7 8 9 10

23. To what degree are you now feeling:

Able to Think Clearly

Unable to Think Clearly

1 2 3 4 5 6 7 8 9 10

24. Overall, what do you believe is most directly contributing to or causing your fatigue?

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25. Overall, the best thing you have found to relieve your fatigue is:

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26. Is there anything else you would like to add that would describe your fatigue better to us?

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27. Are you experiencing any other symptoms right now?

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