

BLSAID

visit

ARFSTID

ARFSDate

BLSA ID

Visit No.

Tester ID

Date Completed

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Pittsburgh Activity-Anchored Fatigability Scale

Name

Activity:	Physical Fatigue					Mental Fatigue					Have you done this activity in the Past Month?			
	No Fatigue				Extreme Fatigue	No Fatigue				Extreme Fatigue	Yes	No		
	0				5	0				5				
	Select One →					Select One →								
Leisurely walk for 30 minutes	0	1	2	3	4	5	0	1	2	3	4	5	Yes	No
	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>										
	<i>lwalk1hr_p</i>					<i>lwalk1hr_m</i>					<i>lwalk1hr_yn</i>			
Brisk or fast walk for 1 hour	0	1	2	3	4	5	0	1	2	3	4	5	Yes	No
	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>										
	<i>bwalk1hr_p</i>					<i>bwalk1hr_m</i>					<i>bwalk1hr_yn</i>			
Light household activity for 1 hour (e.g., cleaning, cooking, dusting, straightening up, baking, dish washing, making beds, watering plants)	0	1	2	3	4	5	0	1	2	3	4	5	Yes	No
	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>										
	<i>lthouse_p</i>					<i>lthouse_m</i>					<i>lthouse_yn</i>			
Heavy gardening or yard work for 1 hour (e.g., mowing (push), raking, weeding, planting, shoveling snow)	0	1	2	3	4	5	0	1	2	3	4	5	Yes	No
	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>										
	<i>hvgard_p</i>					<i>hvgard_m</i>					<i>hvgard_yn</i>			
Watching TV for 2 hours	0	1	2	3	4	5	0	1	2	3	4	5	Yes	No
	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>										
	<i>tv_p</i>					<i>tv_m</i>					<i>tv_yn</i>			
Sit quietly for 1 hour	0	1	2	3	4	5	0	1	2	3	4	5	Yes	No
	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>										
	<i>sit_p</i>					<i>sit_m</i>					<i>sit_yn</i>			
Moderate to heavy intensity strength training for 30 minutes (e.g., hand-held weights or machines greater than 5 lbs, push-ups)	0	1	2	3	4	5	0	1	2	3	4	5	Yes	No
	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>										
	<i>modhvystr_p</i>					<i>modhvystr_m</i>					<i>modhvystr_yn</i>			
Participating in social activity for 1 hour (e.g., party, dinner, senior center, gathering with family/friends, playing cards, bridge)	0	1	2	3	4	5	0	1	2	3	4	5	Yes	No
	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>										
	<i>pptsocial_p</i>					<i>pptsocial_m</i>					<i>pptsocial_yn</i>			
Hosting a social event for 1 hour (not including preparation time)	0	1	2	3	4	5	0	1	2	3	4	5	Yes	No
	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>										
	<i>hostsocial_p</i>					<i>hostsocial_m</i>					<i>hostsocial_yn</i>			
High intensity activity for 30 minutes (e.g., jogging, hiking, biking, swimming laps, racquet sports, aerobic machines or dancing, Zumba)	0	1	2	3	4	5	0	1	2	3	4	5	Yes	No
	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>										
	<i>highactivity_p</i>					<i>highactivity_m</i>					<i>highactivity_yn</i>			

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

Draft

