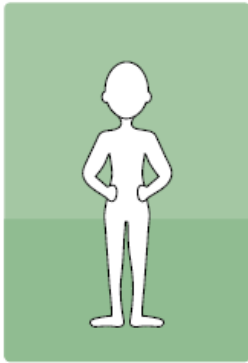
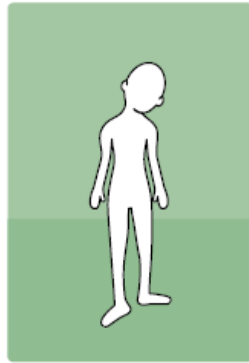


Option A: FATIGUE PICTOGRAM

HOW TIRED HAVE YOU FELT OVER THE LAST WEEK?



Not at all tired



A **little bit** tired



Somewhat tired

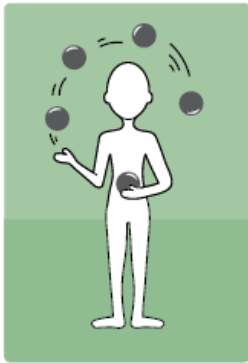


Moderately tired

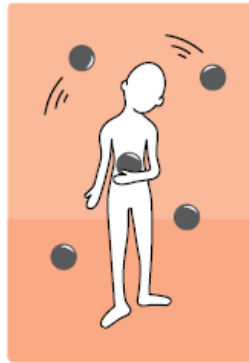


Extremely tired

HOW MUCH DOES FEELING TIRED PREVENT YOU FROM DOING WHAT YOU WANT TO DO?



I can do **everything**
I normally do



I can do **almost**
everything I
normally do



I can do **some**
of the things I
normally do



I do what I **have**
to do



I can do **very little**

Adapted from Fitch, M.I., et al., *The fatigue pictogram: psychometric evaluation of a new clinical tool*. Canadian Oncology Nursing Journal, 2011. 21(4): p. 206. Used with permission.




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Interpretation of the Fatigue Pictogram

The top line of icons describes fatigue severity over the last week.		The second line of icons describes fatigue impact . Although a time period is not specified, the past week is appropriate.	
Green icon 1	No fatigue	Green icon 1	No impact on self-care, home making, work or leisure
Green icon 2	Mild fatigue		
Orange icons 3 & 4	Moderate fatigue	Orange icons 2 & 3	Decrease in daily physical activities, impairment in physical functioning
Red icon 5	Severe fatigue	Red icons 4 & 5	Severe impact: impairment in self-care, home making, work and leisure

Option B: CAPO DESCRIPTIVE RATING

How tired have you felt over the last week?

No fatigue	 Mild	 Moderate	 Severe fatigue
Normal energy level	You feel a bit more tired than usual You can still do everything you need to do	Fatigue is noticeable and upsetting You do less daily physical activities Work may be affected	You are very tired everyday You often feel a need to sit or rest You may feel puffed Doing daily tasks is very difficult Exercise does not seem possible

Use: In a conversational screening situation, over the phone or for self-monitoring

Option C: NUMERIC RATING

Interpretation of numeric rating

Bear in mind that fatigue can vary in intensity over the day or week.

Follow up by asking if it's like this all the time (e.g. past 24 hours).

- 0 Normal energy level
- 1-3 Mild fatigue – noticeable when asked
- 4-6 Moderate fatigue
- 7-10 Severe fatigue

Please circle the number that best shows how tired you were over the PAST WEEK

0	1	2	3	4	5	6	7	8	9	10
No tiredness										Worst possible tiredness