FATIGUE ASSESSMENT FORM

Name: Date:

Fatigue: ☐1 – 3 (mild) ⎨☐4 – 6 (mod) ☐7 – 10 (severe)⎬ →**c**omplete this fatigue assessment

Fatigue onset, pattern and duration:

Change over time:

Associated or alleviating factors:

Physical/emotional/mental status:

Interference with function:

Activity: changes in exercise or activity pattern/de-conditioning

Cancer Treatment

Hormone therapy: ☐yes ☐No ☐to come
Chemotherapy: ☐yes ☐No ☐to come
Radiation Therapy: ☐yes ☐No ☐to come Current medications:

Assessment of Primary Factors

Pain: pain intensity 0 – 10 scale

Emotional distress:

Sleep disturbance:

If unable to detect reason for level of fatigue, refer client to GP for further investigation – Anaemia/Thyroid problems, medications, co-morbidities (cardiac, pulmonary, renal dysfunction, infection), nutritional metabolic assessment etc.

Strategies for coping with fatigue

1)

2)

3)

Date	Treatment Plan/HEP and Exercise Plan

Therapist:_____ Signed: _____ Date: _____

Reassessment Plan

Date	Treatment Plan/HEP and Exercise Plan