



# FATIGUE ASSESSMENT FORM

Name:

Date:

Fatigue:  1 – 3 (mild) {  4 – 6 (mod)  7 – 10 (severe) } → complete 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 |
|------|--------------------------------------|
|      |                                      |