

ANEXO A - Escala de Fadiga de Piper – Revisada

Escala de Fadiga de Piper - Revisada

Instruções: Para cada questão a seguir, circule o número que melhor descreve a fadiga que você está sentindo AGORA. Por favor, esforce-se para responder cada questão da melhor maneira possível.

1. Há quanto tempo você está sentindo fadiga? (assinale somente UMA resposta)

☐ Dias ☐ Semanas ☐ Meses ☐ Horas ☐ Minutos

☐ Outro - por favor descreva: _____

2. Quanto estresse a fadiga que você sente agora causa?

Nenhum estresse

Muito estresse

0	1	2	3	4	5	6	7	8	9	10
---	---	---	---	---	---	---	---	---	---	----

3. Quanto a fadiga interfere na sua capacidade de completar suas atividades de trabalho ou escolares?

Nada

Muito

0	1	2	3	4	5	6	7	8	9	10
---	---	---	---	---	---	---	---	---	---	----

4. Quanto a fadiga interfere na sua habilidade de visitar ou estar junto com seus amigos?

Nada

Muito

0	1	2	3	4	5	6	7	8	9	10
---	---	---	---	---	---	---	---	---	---	----

5. Quanto a fadiga interfere na sua habilidade de ter atividade sexual?

Nada

Muito

0	1	2	3	4	5	6	7	8	9	10
---	---	---	---	---	---	---	---	---	---	----

6. De modo geral, quanto a fadiga interfere na capacidade de realizar qualquer tipo de atividade que você gosta?

Nada

Muito

0	1	2	3	4	5	6	7	8	9	10
---	---	---	---	---	---	---	---	---	---	----

7. Como você descreveria a intensidade ou a magnitude da fadiga que você está sentindo agora?

Leve

Intensa

0	1	2	3	4	5	6	7	8	9	10
---	---	---	---	---	---	---	---	---	---	----

8. Como você descreveria a fadiga que você está sentindo agora?

Agradável

Desagradável

0	1	2	3	4	5	6	7	8	9	10
---	---	---	---	---	---	---	---	---	---	----

Aceitável

Inaceitável

0	1	2	3	4	5	6	7	8	9	10
---	---	---	---	---	---	---	---	---	---	----

Protetora

Destruidora

0	1	2	3	4	5	6	7	8	9	10
---	---	---	---	---	---	---	---	---	---	----

Positiva

Negativa

0	1	2	3	4	5	6	7	8	9	10
---	---	---	---	---	---	---	---	---	---	----

Normal

Anormal

0	1	2	3	4	5	6	7	8	9	10
---	---	---	---	---	---	---	---	---	---	----

Nenhum estresse

Muito estresse

0	1	2	3	4	5	6	7	8	9	10
---	---	---	---	---	---	---	---	---	---	----

9. Quanto você está se sentindo...

Fraco

Forte

0	1	2	3	4	5	6	7	8	9	10
---	---	---	---	---	---	---	---	---	---	----

Acordado

Sonolento

0	1	2	3	4	5	6	7	8	9	10
---	---	---	---	---	---	---	---	---	---	----

Com vida

Apático

0	1	2	3	4	5	6	7	8	9	10
---	---	---	---	---	---	---	---	---	---	----

Com vigor

Cansado

0	1	2	3	4	5	6	7	8	9	10
---	---	---	---	---	---	---	---	---	---	----

Com energia

Sem energia

0	1	2	3	4	5	6	7	8	9	10
---	---	---	---	---	---	---	---	---	---	----

Paciente

Impaciente

0	1	2	3	4	5	6	7	8	9	10
---	---	---	---	---	---	---	---	---	---	----

Relaxado

Tenso

0	1	2	3	4	5	6	7	8	9	10
---	---	---	---	---	---	---	---	---	---	----

Extremamente feliz

Deprimido

0	1	2	3	4	5	6	7	8	9	10
---	---	---	---	---	---	---	---	---	---	----

Capaz de se concentrar

Incapaz de se concentrar

0	1	2	3	4	5	6	7	8	9	10
---	---	---	---	---	---	---	---	---	---	----

Capaz de se lembrar

Incapaz de se lembrar

0	1	2	3	4	5	6	7	8	9	10
---	---	---	---	---	---	---	---	---	---	----

Capaz de pensar com clareza

Incapaz de pensar com clareza

0	1	2	3	4	5	6	7	8	9	10
---	---	---	---	---	---	---	---	---	---	----

10. De modo geral, o que você acha que contribui ou causa a sua fadiga?

11. De modo geral, o que mais alivia a sua fadiga é:

12. Existe mais alguma coisa que você gostaria de dizer para descrever melhor sua fadiga?

13. Você está sentindo qualquer outro sintoma agora?

() Não () Sim. Por favor descreva: _____