



## Fatigue & Cancer Survivorship

Definition: Cancer-related fatigue is a distressing, subjective sense of physical, emotional and/or cognitive tiredness or exhaustion related to cancer or to cancer treatment that is not proportional to recent activity and interferes with usual functioning.

Screening Questions:

1. Do you feel persistent fatigue despite a good night's sleep?
2. Does your fatigue interfere with your usual activities?
3. How would you rate your fatigue on a scale of 0 (none) to 10 (extreme) over the past month?

Your provider may ask you more questions to assess your fatigue, such as:

1. Describe the pattern of your fatigue.
2. Has there been any change in your level of fatigue over time?
3. How has fatigue interfered with your daily life?
4. Do you have any other medical conditions?
5. What medications do you take?
6. Are you having any emotional concerns?
7. Do you experience sleep disturbance?
8. Are you in pain?
9. What is your nutritional intake?
10. Do you have any deconditioning/loss of muscle mass?

As part of your treatment plan, it may be suggested that you:

- Self-monitor your fatigue levels (a diary of your fatigue levels, time of day, activity you attempted, is helpful)
- Conserve your energy
- Set realistic expectations and priorities for your day
- Be aware of the pace you are keeping
- Schedule activities at times of peak energy
- Increase physical activity (physical therapy or exercise professionals can assist with this)



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## Resources for Cognition, Fatigue and Sleep Disorders



### Brain Games

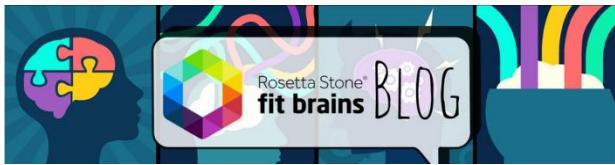
[www.luminosity.com](http://www.luminosity.com)



### Brain Teasers online

Joseph and Lena are found dead on the floor with some water around. The windows are open and a strong wind draft is blowing the curtains around. How did they die?

[www.buzzle.com](http://www.buzzle.com)



**Fit Brains Blog:** All Things About Your Brain -- Health & Lifestyle, Tips & Tricks, Fun & Games, Contests, Fit Brains News & Offers, More!

[www.fitbrains.com/blog/](http://www.fitbrains.com/blog/)  
Brain teasers on Fridays!



### Progressive Muscle Relaxation

GREAT for going to sleep

Just search "Progressive Muscle Relaxation" on [www.YouTube.com](http://www.YouTube.com) or in the App Store

## Sleep Diary for Improving Sleep

<http://sleepfoundation.org/>

Complete in Morning							
Start date: _____	Day 1	Day 2	Day 3	Day 4	Day 5	Day 6	Day 7
Day of week:	_____	_____	_____	_____	_____	_____	_____
I went to bed last night at:	PM / AM	PM / AM	PM / AM	PM / AM	PM / AM	PM / AM	PM / AM
I got out of bed this morning at:	AM / PM	AM / PM	AM / PM	AM / PM	AM / PM	AM / PM	AM / PM
Last night I fell asleep:	Early After some time With difficulty	_____	_____	_____	_____	_____	_____
I woke up during the night:	0 times 1 or more times	_____	_____	_____	_____	_____	_____
Last night I slept a total of _____ hours.	Hours	Hours	Hours	Hours	Hours	Hours	Hours
My sleep was disturbed by:	List internal or external factors including noise, lights, pets, allergies, temperature, discomfort, stress, etc.						
Complete at the End of Day							
Day of week:	Day 1	Day 2	Day 3	Day 4	Day 5	Day 6	Day 7
I consumed caffeinated drinks in the (Morning, Afternoon, Evening, All)	_____	_____	_____	_____	_____	_____	_____
How many?	_____	_____	_____	_____	_____	_____	_____
I exercised at least 20 minutes in the (Morning, Afternoon, Evening, All)	_____	_____	_____	_____	_____	_____	_____
Medications I took today:							
Take a nap? (Circle one)	Yes	Yes	Yes	Yes	Yes	Yes	No
If Yes, for how long?	_____	_____	_____	_____	_____	_____	_____
During the day, how likely was I to doze off while performing daily activities?	No chance, Slight chance, Moderate chance, High chance						
Throughout the day, my mood was ...	Very pleasant, Pleasant, Depressed, Very unpleasant						

Or create your own Sleep Diary with spaces for:

- ❖ The time you went to bed and woke up
- ❖ How long and well you slept
- ❖ When you were awake during the night
- ❖ How much caffeine or alcohol you consumed and when
- ❖ What and when you ate and drank
- ❖ What emotion or stress you had
- ❖ What drugs or medications you took



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