

# PSORIATIC ARTHRITIS FATIGUE TRACKER

Supported by:

**janssen**

PHARMACEUTICAL COMPANIES  
OF *Johnson & Johnson*





# The Purpose of This Document

Fatigue can be a daily occurrence for those suffering from Psoriatic Arthritis (PsA). We recognize that levels often fluctuate and that every day can be a different experience.

This booklet serves as a tracker for you to record daily encounters with the variety of symptoms you experience. Whether it be joint pain, stiffness, swelling, weakness, or depression, the PsA Fatigue Tracker is for you to document the different stages of symptoms you face each day. As you track, be specific in your level of symptoms, how they impact your sleep, work, energy, and your overall quality of life. Also, be sure to include details such as whether you are exercising, the medications you are taking, stimulants you may be consuming, and how your diet may be impacting your symptoms.

Whether you are newly diagnosed with PsA or have been dealing with it for years, utilizing this tracker will offer you a specific record of when your symptoms flare up and allow you to review your progress of improvement (personally or with your provider) as you walk through life with PsA.



## DAY 2

**Did you experience any fatigue today?**

Yes     No

**Did you experience any other symptoms related to psoriatic arthritis?**

Yes     No

**If "yes," please describe:**

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## DAY 3

Did you experience any fatigue today?

Yes     No

Did you experience any other symptoms related to psoriatic arthritis?

Yes     No

If "yes," please describe:

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## DAY 4

**Did you experience any fatigue today?**

Yes     No

**Did you experience any other symptoms related to psoriatic arthritis?**

Yes     No

**If "yes," please describe:**

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# DAY 5

Did you experience any fatigue today?

Yes     No

Did you experience any other symptoms related to psoriatic arthritis?

Yes     No

If "yes," please describe:

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# DAY 6

Did you experience any fatigue today?

Yes     No

Did you experience any other symptoms related to psoriatic arthritis?

Yes     No

If "yes," please describe:

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## Weekly Fatigue Scale

Please circle or mark one number per line to indicate your response as it applies to the past 7 days

	Not at All	A Little Bit	Some what	Quite a Bit	Very Much
I feel fatigued	0	1	2	3	4
I feel weak all over	0	1	2	3	4
I feel listless ("washed out")	0	1	2	3	4
I feel tired	0	1	2	3	4
I have trouble starting things because I am tired	0	1	2	3	4
I have trouble finishing things because I am tired	0	1	2	3	4
I have energy	0	1	2	3	4
I am able to do my usual activities	0	1	2	3	4
I need to sleep during the day	0	1	2	3	4
I am too tired to eat	0	1	2	3	4
I need help doing my usual activities	0	1	2	3	4
I am frustrated by being too tired to do the things I want to do	0	1	2	3	4
I have to limit my social activity because I am tired	0	1	2	3	4

*Fatigue Scale questions obtained from the Functional Assessment of Chronic Illness Therapy-Fatigue (FACIT-F) scale, learn more at [www.facit.org/measures/FACIT-F](http://www.facit.org/measures/FACIT-F)*

## DAY 8

Did you experience any fatigue today?

Yes       No

Did you experience any other symptoms related to psoriatic arthritis?

Yes       No

If "yes," please describe:

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## **DAY 9**

**Did you experience any fatigue today?**

Yes      No

**Did you experience any other symptoms related to psoriatic arthritis?**

Yes      No

**If "yes," please describe:**

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## DAY 10

**Did you experience any fatigue today?**

Yes     No

**Did you experience any other symptoms related to psoriatic arthritis?**

Yes     No

**If "yes," please describe:**

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# DAY 11

**Did you experience any fatigue today?**

Yes     No

**Did you experience any other symptoms related to psoriatic arthritis?**

Yes     No

**If "yes," please describe:**

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# DAY 12

**Did you experience any fatigue today?**

Yes     No

**Did you experience any other symptoms related to psoriatic arthritis?**

Yes     No

**If "yes," please describe:**

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## DAY 13

**Did you experience any fatigue today?**

Yes     No

**Did you experience any other symptoms related to psoriatic arthritis?**

Yes     No

**If "yes," please describe:**

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# DAY 14

Did you experience any fatigue today?

Yes     No

Did you experience any other symptoms related to psoriatic arthritis?

Yes     No

If "yes," please describe:

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## Weekly Fatigue Scale

Please circle or mark one number per line to indicate your response as it applies to the past 7 days

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I feel fatigued	0	1	2	3	4
I feel weak all over	0	1	2	3	4
I feel listless ("washed out")	0	1	2	3	4
I feel tired	0	1	2	3	4
I have trouble starting things because I am tired	0	1	2	3	4
I have trouble finishing things because I am tired	0	1	2	3	4
I have energy	0	1	2	3	4
I am able to do my usual activities	0	1	2	3	4
I need to sleep during the day	0	1	2	3	4
I am too tired to eat	0	1	2	3	4
I need help doing my usual activities	0	1	2	3	4
I am frustrated by being too tired to do the things I want to do	0	1	2	3	4
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# DAY 15

**Did you experience any fatigue today?**

Yes     No

**Did you experience any other symptoms related to psoriatic arthritis?**

Yes     No

**If "yes," please describe:**

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# DAY 16

**Did you experience any fatigue today?**

Yes     No

**Did you experience any other symptoms related to psoriatic arthritis?**

Yes     No

**If "yes," please describe:**

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# DAY 17

**Did you experience any fatigue today?**

Yes     No

**Did you experience any other symptoms related to psoriatic arthritis?**

Yes     No

**If "yes," please describe:**

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# DAY 18

Did you experience any fatigue today?

Yes     No

Did you experience any other symptoms related to psoriatic arthritis?

Yes     No

If "yes," please describe:

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## DAY 19

**Did you experience any fatigue today?**

Yes     No

**Did you experience any other symptoms related to psoriatic arthritis?**

Yes     No

**If "yes," please describe:**

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## DAY 20

Did you experience any fatigue today?

Yes     No

Did you experience any other symptoms related to psoriatic arthritis?

Yes     No

If "yes," please describe:

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## Weekly Fatigue Scale

Please circle or mark one number per line to indicate your response as it applies to the past 7 days

	Not at All	A Little Bit	Some what	Quite a Bit	Very Much
I feel fatigued	0	1	2	3	4
I feel weak all over	0	1	2	3	4
I feel listless ("washed out")	0	1	2	3	4
I feel tired	0	1	2	3	4
I have trouble starting things because I am tired	0	1	2	3	4
I have trouble finishing things because I am tired	0	1	2	3	4
I have energy	0	1	2	3	4
I am able to do my usual activities	0	1	2	3	4
I need to sleep during the day	0	1	2	3	4
I am too tired to eat	0	1	2	3	4
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# DAY 22

**Did you experience any fatigue today?**

Yes       No

**Did you experience any other symptoms related to psoriatic arthritis?**

Yes       No

**If "yes," please describe:**

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# DAY 23

**Did you experience any fatigue today?**

Yes     No

**Did you experience any other symptoms related to psoriatic arthritis?**

Yes     No

**If "yes," please describe:**

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# DAY 24

**Did you experience any fatigue today?**

Yes     No

**Did you experience any other symptoms related to psoriatic arthritis?**

Yes     No

**If "yes," please describe:**

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## DAY 25

**Did you experience any fatigue today?**

Yes     No

**Did you experience any other symptoms related to psoriatic arthritis?**

Yes     No

**If "yes," please describe:**

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# DAY 26

**Did you experience any fatigue today?**

Yes     No

**Did you experience any other symptoms related to psoriatic arthritis?**

Yes     No

**If "yes," please describe:**

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## Weekly Fatigue Scale

Please circle or mark one number per line to indicate your response as it applies to the past 7 days

	Not at All	A Little Bit	Some what	Quite a Bit	Very Much
I feel fatigued	0	1	2	3	4
I feel weak all over	0	1	2	3	4
I feel listless ("washed out")	0	1	2	3	4
I feel tired	0	1	2	3	4
I have trouble starting things because I am tired	0	1	2	3	4
I have trouble finishing things because I am tired	0	1	2	3	4
I have energy	0	1	2	3	4
I am able to do my usual activities	0	1	2	3	4
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I am too tired to eat	0	1	2	3	4
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I am frustrated by being too tired to do the things I want to do	0	1	2	3	4
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# DAY 29

**Did you experience any fatigue today?**

Yes       No

**Did you experience any other symptoms related to psoriatic arthritis?**

Yes       No

**If "yes," please describe:**

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## DAY 30

Did you experience any fatigue today?

Yes     No

Did you experience any other symptoms related to psoriatic arthritis?

Yes     No

If "yes," please describe:

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# DAY 31

**Did you experience any fatigue today?**

Yes     No

**Did you experience any other symptoms related to psoriatic arthritis?**

Yes     No

**If "yes," please describe:**

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8437 Tuttle Avenue - Suite 404 / Sarasota, FL 34243