

Fatigue-Protocol

Please record in this protocol how exhausted and strained you feel **over the next 3 days**. Please tick a number from 0 to 4.

'0' means that you do not feel any exhaustion or strain.

'4' means very severe exhaustion or strain.

(0 = not at all, 1 = mild, 2 = moderate, 3 = severe, 4 = very severe).



Emotional strain or activation is a state in which emotions are consciously experienced. This includes feelings such as joy, anger, fear, sadness, disgust, or surprise, as well as many other emotions.

Emotional exhaustion describes the feeling of being emotionally overwhelmed or drained. This can include a lack of energy, persistent tiredness, or low mood. In a state of emotional exhaustion, people feel tense and are unable to relax, even in their free time.

Cognitive load or strain is a state in which one exerts mental effort. This includes processes such as solving mental tasks, reading, calculating, or planning. Everyday tasks such as office work, household planning, learning new knowledge, and creative activities also require cognitive effort.

Cognitive exhaustion occurs after acute and prolonged cognitive effort, for example after solving calculation tasks over a long period of time. It may manifest as difficulties attention, concentration, executive functions, and memory processes.

Motor or physical strain is the exertion of muscles, for example during running, lifting, or pushing. In daily life, physical activity, household chores, or standing for long periods are examples of motor strain.

Motor or physical exhaustion is evident when physical performance decreases, for example through reduced muscle strength. People often feel physically weak and drained of energy. Movements often become slower and less coordinated.

Day of Session (Date: _____)

Evening (_____ pm)

I feel cognitively exhausted.	0	1	2	3	4
I feel physically exhausted.	0	1	2	3	4
I feel emotionally exhausted.	0	1	2	3	4

Please briefly describe which **activities** you performed today after the session.

How exhausting were these activities for you overall?

... cognitively?	0	1	2	3	4
... physically?	0	1	2	3	4
... emotionally?	0	1	2	3	4

Please indicate how severe the following symptoms occurred for you today.

I feel heavy and overwhelmed during physical activity.	0	1	2	3	4
I feel exhausted and/or have pain during everyday activities.	0	1	2	3	4
I feel mentally fatigued after the slightest physical or mental effort.	0	1	2	3	4
I feel physically fatigued after the slightest physical activity.	0	1	2	3	4
I feel physically drained or ill after everyday activities.	0	1	2	3	4

ID: _____ type of load/task: cog. em. mot. relaxation Date: _____

Day 1 after Session (Date: _____)

Morning (_____ AM)

I feel cognitively exhausted.	0	1	2	3	4
I feel physically exhausted.	0	1	2	3	4
I feel emotionally exhausted.	0	1	2	3	4

Please briefly describe which **activities** you performed today after the session.

How exhausting were these activities for you overall?

... cognitively?	0	1	2	3	4
... physically?	0	1	2	3	4
... emotionally?	0	1	2	3	4

Midday (_____ PM)

I feel cognitively exhausted.	0	1	2	3	4
I feel physically exhausted.	0	1	2	3	4
I feel emotionally exhausted.	0	1	2	3	4

Please briefly describe which **activities** you performed today after the session.

How exhausting were these activities for you overall?

... cognitively?	0	1	2	3	4
... physically?	0	1	2	3	4
... emotionally?	0	1	2	3	4

Evening (_____ PM)

I feel cognitively exhausted.	0	1	2	3	4
I feel physically exhausted.	0	1	2	3	4
I feel emotionally exhausted.	0	1	2	3	4

Please briefly describe which **activities** you performed today after the session.

How exhausting were these activities for you overall?

... cognitively?	0	1	2	3	4
... physically?	0	1	2	3	4
... emotionally?	0	1	2	3	4

Please indicate how severe the following symptoms occurred for you today.

I feel heavy and overwhelmed during physical activity.	0	1	2	3	4
I feel exhausted and/or have pain during everyday activities.	0	1	2	3	4
I feel mentally fatigued after the slightest physical or mental effort.	0	1	2	3	4
I feel physically fatigued after the slightest physical activity.	0	1	2	3	4
I feel physically drained or ill after everyday activities.	0	1	2	3	4

ID: _____ type of load/task: cog. em. mot. relaxation Date: _____

Day 2 after Session (Date: _____)

Morning (_____ AM)

I feel cognitively exhausted.	0	1	2	3	4
I feel physically exhausted.	0	1	2	3	4
I feel emotionally exhausted.	0	1	2	3	4

Please briefly describe which **activities** you performed today after the session.

How exhausting were these activities for you overall?

... cognitively?	0	1	2	3	4
... physically?	0	1	2	3	4
... emotionally?	0	1	2	3	4

Midday (_____ PM)

I feel cognitively exhausted.	0	1	2	3	4
I feel physically exhausted.	0	1	2	3	4
I feel emotionally exhausted.	0	1	2	3	4

Please briefly describe which **activities** you performed today after the session.

How exhausting were these activities for you overall?

... cognitively?	0	1	2	3	4
... physically?	0	1	2	3	4
... emotionally?	0	1	2	3	4

Evening (_____ PM)

I feel cognitively exhausted.	0	1	2	3	4
I feel physically exhausted.	0	1	2	3	4
I feel emotionally exhausted.	0	1	2	3	4

Please briefly describe which **activities** you performed today after the session.

How exhausting were these activities for you overall?

... cognitively?	0	1	2	3	4
... physically?	0	1	2	3	4
... emotionally?	0	1	2	3	4

Please indicate how severe the following symptoms occurred for you today.

I feel heavy and overwhelmed during physical activity.	0	1	2	3	4
I feel exhausted and/or have pain during everyday activities.	0	1	2	3	4
I feel mentally fatigued after the slightest physical or mental effort.	0	1	2	3	4
I feel physically fatigued after the slightest physical activity.	0	1	2	3	4
I feel physically drained or ill after everyday activities.	0	1	2	3	4

ID: _____ type of load/task: cog. em. mot. relaxation Date: _____

Day 3 after Session (Datum: _____)

Morning (_____ AM)

I feel cognitively exhausted.	0	1	2	3	4
I feel physically exhausted.	0	1	2	3	4
I feel emotionally exhausted.	0	1	2	3	4

Please briefly describe which **activities** you performed today after the session.

How exhausting were these activities for you overall?

... cognitively?	0	1	2	3	4
... physically?	0	1	2	3	4
... emotionally?	0	1	2	3	4

Midday (_____ PM)

I feel cognitively exhausted.	0	1	2	3	4
I feel physically exhausted.	0	1	2	3	4
I feel emotionally exhausted.	0	1	2	3	4

Please briefly describe which **activities** you performed today after the session.

How exhausting were these activities for you overall?

... cognitively?	0	1	2	3	4
... physically?	0	1	2	3	4
... emotionally?	0	1	2	3	4

Evening (_____ PM)

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Please briefly describe which **activities** you performed today after the session.

How exhausting were these activities for you overall?

... cognitively?	0	1	2	3	4
... physically?	0	1	2	3	4
... emotionally?	0	1	2	3	4

Please indicate how severe the following symptoms occurred for you today.

I feel heavy and overwhelmed during physical activity.	0	1	2	3	4
I feel exhausted and/or have pain during everyday activities.	0	1	2	3	4
I feel mentally fatigued after the slightest physical or mental effort.	0	1	2	3	4
I feel physically fatigued after the slightest physical activity.	0	1	2	3	4
I feel physically drained or ill after everyday activities.	0	1	2	3	4

ID: _____ type of load/task: cog. em. mot. relaxation Date: _____

You can note any additional symptoms or observations here, that have not been covered by the questionnaire: