CHRONIC FATIGUE SYNDROME - CDC CHECKLIST

To be filled in by the Practitioner during consultation with patients suffering prolonged fatigue

Doctors Stamp/Details/ID	Patient ID _____ DOB _____ Sex F M
	Suburb/Town _____ P'code _____
	Occupation current _____
	past _____
Date: __/__/____.	Notes _____

SECTION 1 - THIS CONSULTATION & ILLNESS HISTORY

a/ This consultation is the ☐ 1st appointment ☐ follow-up appointment ___ Nº prior visits for fatigue

b/ Has the patient previously completed this checklist? ☐ Yes (at this practice) ☐ Yes (at another practice) ☐ Never

c/ Coexisting medical/psychiatric conditions that do NOT explain fatigue? _____

d/ Severity of fatigue (0 = none, 10 = extreme), assessed by ____ Practitioner ____ Patient

e/ Duration of debilitating fatigue ____ yrs ____ mths ____ Year of onset of fatigue

f/ If done, what is the patient's MSQ score at this visit? ____ Other Questionnaire(s)? Type: _____ Score:____

g/ Other subgrouping variables: V1:_____ _____ V2: _____ _____ V3: _____ _____

SECTION 2 - FATIGUE ASSESSMENT

(severe, debilitating fatigue > 6 mths required before Dx of CFS possible)

a/	The patient has suffered from severe, debilitating fatigue for:	☐ under 1 month	☐ 1 to 6 months	☐ over 6 months
b/	The fatigue is ("fluctuating" is always present, "intermittent" has fatigue-free periods):	☐ continuous	☐ fluctuating	☐ intermittent
c/	What level of activity can the patient now sustain (compared to premorbid state)	☐ Under 25%	☐ 25 - 50%	☐ Over 50%

SECTION 3 - CDC SYMPTOM LIST

(4 or more required for CDC criteria to be fulfilled)

Compared to the time the patient was last well, prior to the onset of the fatigue, which of the following has he/she suffered from (continuously or intermittently) for at least 6 months since the onset of the illness? (Note: symptoms present prior to the onset of illness should be marked "NO")

	SYMPTOM	Yes	No	Office Use
a/	Short term memory or concentration impairment (causing substantial reduction in previous levels of occupational, educational, social or personal activities)	☐	☐	
b/	Sore throat (with or without objective evidence of inflammation)	☐	☐	
c/	Tender cervical or axillary lymph nodes (note that nodes do not need to be enlarged)	☐	☐	
d/	Muscle pain or multi-joint pain without redness/swelling	☐	☐	
e/	Headaches (new headaches, or clear change in type, pattern or severity)	☐	☐	
f/	Unrefreshing sleep (ie fatigued on waking, rather than refreshed)	☐	☐	
g/	Post-exertional malaise lasting more than 24 hrs	☐	☐	
	TOTAL SECTION 3:	☐	☐	

SECTION 4 - EXTENDED SYMPTOM LIST

(proposed that 7 of total 13 questions required for Dx of CFS)

This section is NOT part of the CDC Criteria. This extended symptom list is proposed to identify symptoms which correlate with presence and severity of CFS.

Compared to the time the patient was last well, prior to the onset of the fatigue, which of the following has he/she suffered from (continuously or intermittently) for at least 6 months since the onset of the illness? (Note: symptoms present prior to the onset of illness should be marked "NO")

	SYMPTOM	Yes	No	Office Use
h/	Lowered tolerance of alcohol, drugs or odours from volatile chemicals (incl. chemical sensitivities)	☐	☐	
i/	Adverse reactions to foods (new reactions, or increased severity or frequency of prior reactions)	☐	☐	
j/	Abdominal bloating, discomfort, constipation, diarrhoea (or diagnosed as Irritable Bowel Syndrome [IBS])	☐	☐	
k/	Marked emotional lability (inexplicable swings of mood anxiety, depression, anger, frustration, etc)	☐	☐	
l/	Sleep disorders - difficulty falling asleep, night-time waking, increased sleep hours (at least 2)	☐	☐	
m/	Problems with balance, including dizziness or light-headed feelings on standing	☐	☐	
	TOTAL SECTION 4:	☐	☐	
	TOTAL SECTIONS 3 + 4:	☐	☐	

Version 2.3. September 1996. Complementary Medicine in CFS National Consensus Conference, 1995. Completed forms may be returned for inclusion in study outcomes.
Send completed forms to PO Box 328, Mosman, NSW 2088 Australia, or fax to ACMA on 02 9968-4478 or 9968-3378 (Int : +61 2 9968-4478).
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