ME/CFS Clinical Diagnostic Criteria Worksheet - Page 1

Name _____ **Date**_____

☐ 1. **Fatigue:** Patient must have a significant degree of new onset, unexplained, persistent or recurrent physical and mental fatigue that substantially reduces activity level.

☐ 2. **Post-Exertional Malaise and Fatigue:** There is an inappropriate loss of physical and mental stamina, rapid muscular and cognitive fatigability, post-exertional fatigue and/or malaise and/or pain and a tendency for other associated symptoms within the patient's cluster to worsen. There is a pathological slow recovery period – usually 24 h ours or longer.

☐ 3. **Sleep Dysfunction:** * There is unrefreshed sleep or sleep quantity or rhythm disturbance such as reversed or chaotic diurnal sleep rhythm.

☐ 4. **Pain:** * There is a significant degree of myalgia. Pain can be experienced in the muscles and joints and is often migratory in nature. Often there are significant headaches of new type, pattern or severity.

☐ 5. **Neurological/Cognitive Manifestations:**
Two or more of the following difficulties should be present:
confusion, impairment of concentration and short-term memory consolidation, disorientation, difficulty with information processing, categorizing and word retrieval, and perceptual and sensory disturbances-e.g., spatial instability, and inability to focus vision. Ataxia, muscle weakness and fasciculations are common. There may be overload phenomena: cognitive, sensory-e.g., photophobia and hypersensitivity to noise-and/or emotional overload, which may lead to "crash" [1] periods and/or anxiety.

☐ 6. **At Least One Symptom from Two of the Following Categories:**

- ☐ **Autonomic Manifestations:** orthostatic intolerance-NMH, POTS, delayed postural hypotension, vertigo; light-headedness, extreme pallor; nausea and IBS; urinary frequency and bladder dysfunction; palpitations with or without cardiac arrhythmia; palpitations, and exertional dyspnea.
- ☐ **Neuroendocrine Manifestations:** loss of thermostatic stability-subnormal body temperature and/or marked diurnal fluctuation, sweating episodes, recurrent feeling of feverishness and cold extremities; intolerance to heat and cold; marked weight change-anorexia or abnormal appetite; loss of adaptability and tolerance for stress, worsening of symptoms with stress and a slow recovery.
- ☐ **Immune Manifestations:** tender lymph nodes, recurrent sore throat and flu-like symptoms, general malaise, new sensitivities to food, medications and/or chemicals.

☐ 7. **The illness persists for at least six months in adults.** It usually has a distinct onset, ** although it may be gradual. Preliminary diagnosis may be possible earlier. Three months is appropriate for children.

1. "Crash" refers to a temporary period of immobilizing physical and/or mental fatigue.

Exclusions: Rule out active disease processes that explain the major symptoms of fatigue, sleep disturbance, pain, and cognitive dysfunction with patient history, physical exam laboratory testing or imaging. These include: Addison's disease, Cushing's syndrome, hypothyroidism, hyperthyroidism, iron deficiency, iron overload syndrome, other treatable forms of anemia, diabetes mellitus, cancer, treatable sleep disorders including upper airway resistance syndrome and obstructive or central sleep apnea; rheumatological disorders such as rheumatoid arthritis, lupus, polymyositis, and polymyalgia rheumatica; neurological disorders such as MS, Parkinson's disease, myasthenia gravis and B12 deficiency; infectious diseases such as TB, chronic hepatitis, Lyme disease, AIDS; primary psychiatric disorders and substance abuse. If a potentially confounding medical condition is under control, then the diagnosis of ME/CFS can be entertained if the patient meets the criteria otherwise.

Co-Morbid Entities: Fibromyalgia syndrome, myofascial pain syndrome, temporomandibular joint syndrome, irritable bowel syndrome, interstitial cystitis, irritable bladder syndrome, Raynaud's phenomenon, prolapsed mitral valve, migraine, allergies, multiple chemical sensitivities, thyroiditis, sicca syndrome, depression, Hashimoto's, etc. Such co-morbid entities may occur in the setting of ME/CFS. Others such as IBS may precede the development of ME/CFS by many years, but then become associated with it. The same holds true for migraines and depression. Their association is thus looser than between the symptoms within the syndrome. ME/CFS and FMS often closely connect and should be considered to be "overlap syndromes".

Idiopathic Chronic Fatigue: If the patient has unexplained prolonged fatigue but has insufficient symptoms to meet the criteria for ME/CFS, it should be classified as idiopathic chronic fatigue.

_____ Patient meets the criteria for ME/CFS

_____ Patient meets the criteria for Idiopathic Chronic Fatigue

Reference: Carruthers, Bruce, et. al. Myalgic Encephalomyelitis/Chronic Fatigue Syndrome: Clinical Working Case Definition, Diagnostic and Treatment Protocols. Journal of Chronic Fatigue Syndrome 2003; Vol. 11(1): 7-115.

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Physician's Signature **Date**

Physician's Stamp: