CANADIAN CLINICAL CRITERIA (abbreviated version) 2003

It is recommended that this tick chart be used in the initial consultation to assist with a possible diagnosis of ME/CFS. (NB: Sections 1 to 6 must all be met as indicated below)

1) Post-Exertional Malaise and Fatigue:
(All criteria in this section must be met)
   a) The patient must have a marked degree of new onset, unexplained, persistent, or recurrent physical and mental fatigue that substantially reduces activity level □
   b) Post-exertional fatigue, malaise and/or pain, and a delayed recovery period (more than 24 hours to recover) □
   c) Symptoms can be exacerbated by exertion or stress of any kind □

2) Sleep Disorder:
(This criterion must be met)
   Unrefreshing sleep or altered sleep pattern (including circadian rhythm disturbance) □

3) Pain:
(This criterion must be met)
   Arthralgia and/or myalgia without clinical evidence of inflammatory responses of joint swelling or redness, and/or significant headaches of new type, pattern, or severity □

4) Neurological/Cognitive Manifestations:
(Two or more of the following criteria must be met)
   a) Impairment of concentration and short-term memory □
   b) Difficulty with information processing, categorizing, and work retrieval, including intermittent dyslexia □
   c) There may be an overload phenomena: information, cognitive, and sensory overload (e.g. photophobia and hypersensitivity to noise) and/or emotional overload which may lead to relapses and/or anxiety □
   d) Perceptual/sensory disturbances □
   e) Disorientation or confusion □
   f) Ataxia □

5) Autonomic/Neuroendocrine/Immune Manifestations:
(At least one symptom in at least two of the following three categories must be met):
   A) Autonomic Manifestations:
      1) Orthostatic Intolerance (e.g. neurally mediated hypotension (NMH)) □
      2) Postural orthostatic tachycardia syndrome (POTS) □
      3) Vertigo and/or light-headedness □
      4) Extreme pallor □
      5) Intestinal or bladder disturbances with or without irritable bowel syndrome (IBS) or bladder dysfunction □
      6) Palpitations with or without cardiac arrhythmia □
      7) Vasomotor instability □
      8) Respiratory irregularities □

   B) Neuroendocrine Manifestations:
      1) Loss of thermostatic stability □
      2) Heat/cold intolerance □
      3) Anorexia or abnormal appetite, weight change □
      4) Hypoglycemia □
      5) Loss of adaptability and tolerance for stress, worsening of symptoms with stress and slow recovery, and emotional lability □

   C) Immune Manifestations:
      1) Tender lymph nodes □
      2) Recurrent sore throat □
      3) Flu-like symptoms and/or general malaise □
      4) Development of new allergies or changes in status of old ones □
      5) Hypersensitivity to medications and/or chemicals □

6) The illness persists for at least 6 months:
(This criterion must be met)

NB: ME/CFS usually has an acute onset, but onset may also be gradual. A preliminary diagnosis may be possible in the early stages. The disturbances generally form symptom clusters that are often unique to a particular patient. The manifestations may fluctuate and change over time.