ANew Health

CFS and FM Self Assessment

Name _____ Date _____

If you have had severe fatigue or widespread pain lasting over three months without an obvious cause, and if you also have insomnia, then you might have chronic fatigue syndrome and/or fibromyalgia. The checklist below can help you assess the possibility of this. If you have additional information that you want to share, please add it to the bottom of this form.

This Checklist uses two sets of criteria to evaluate your possibility of having CFS or Fibromyalgia. Questions 1-6 are based on criteria established by the CDC (Center for Disease Control and Prevention) for evaluating a person's possibility of having CFS.

Chronic Fatigue Syndrome Checklist

1. Do you frequently experience unusually long periods of fatigue? ___ Yes ___ No

2. Is your fatigue the result of some obvious, ongoing physical exertion that you are aware of? ___Yes ___ No

3. Does your fatigue go away after you have rested normally? ___ Yes ___ No

4. As a result of ongoing fatigue, have you substantially reduced your previous levels of occupational, educational, social, or personal activities? ___ Yes ___ No

If yes, please estimate the % that you have reduced activities: _____% for _____ months.

5. Check each of the following that began at about the same time as your fatigue, and that has persisted or occurred repeatedly over a period of 6 months or more.

___ Impairment in short-term memory or concentration, severe enough to cause substantial reduction in previous levels of personal activity.
___ Sore throat
___ Tender neck or axillary (armpit) lymph nodes
___ Muscle pain
___ Multi-joint pain without joint swelling or redness
___ Headaches of a new type, pattern, or severity
___ Un-refreshing sleep
___ Feel tired for more than 24 hours after exercise

_____ # of Areas checked above/of Possible Eight

6. Despite the presence of the above-mentioned symptoms, has your doctor been unable to identify any illness that could explain this ongoing fatigue? ___ Yes ___ No
If Yes, what year and what is the diagnosis? ____Year _____ Diagnosis

Comments: _____
_____
_____

Questions 7-12 are based on criteria established by the ACR (American College of Rheumatology) for evaluating a person's possibility of having fibromyalgia

Fibromyalgia Checklist

7. Check each area that you have had pain in over the last week.

___ Neck upper left
___ Neck lower left
___ Top of shoulders, left
___ Top of buttocks, left
___ Hip, left
___ Neck front, left
___ Upper chest
___ Elbow, left
___ Inside knee, left

___ Neck upper right
___ Neck lower right
___ Top of shoulders, right
___ Top of buttocks, right
___ Hip, right
___ Neck front, right
___ Upper chest
___ Elbow, right
___ Inside knee, right

___Other areas _____
_____ Areas checked above/of 20

8. Rate the severity of your fatigue over the last week.
___ No problem
___ Slight or mild problems, generally mild or intermittent
___ Moderate, considerable problems, often present and/or at a moderate level
___ Severe, pervasive, continuous, life-disturbing problems

9. Rate the severity of having felt un-refreshed when you wake up in the morning this last week.
___ No problem
___ Slight or mild problems, generally mild or intermittent
___ Moderate, considerable problems, often present and/or at a moderate level
___ Severe, pervasive, continuous, life-disturbing problems

10. Rate the severity of cognitive problems (feelings of brain fog) over this last week.
___ No problem
___ Slight or mild problems, generally mild or intermittent
___ Moderate, considerable problems, often present and/or at a moderate level
___ Severe, pervasive, continuous, life-disturbing problems

11. Check each of the following symptoms that you have experienced during the last 6 months.
___ Headaches
___ Pain or cramps in the lower abdomen
___ Depression

12. Have you had diagnostic testing to evaluate your symptoms? ___ Yes ___No
If Yes, what year and what was the diagnosis? ____ Year _____ Diagnosis

Comments: _____
_____
_____
_____
_____
_____