

Chronic Fatigue Syndrome Test

Patient information	
Name:	Date of birth:
Contact:	Medical ID:
Attending physician:	Assessment date:
Medical history	
List all symptoms the patient has described, including their onset, duration, severity, and any exacerbating factors:	
List any risk factors for chronic fatigue syndrome the patient has presented with:	
Evaluate the patient's symptom profile. List any other potential conditions that may explain their symptoms:	
Other relevant medical history:	

Differential diagnosis

Describe, in detail, any tests (including imaging scans and laboratory tests) conducted to rule out any of the potential conditions described above, as well as their findings:

Differential diagnosis notes:

IOM 2015 ME/CFS criteria

Core symptoms (required):

The patient must have experienced 3 of these symptoms, with moderate, substantial, or severe intensity:

1. **A substantial reduction or impairment in ability to engage in pre-illness levels of activity** (occupational, educational, social, or personal life) that:

- a) lasts for more than 6 months
- b) is accompanied by fatigue that is:
 - i. often profound
 - ii. of new onset (not life-long)
 - iii. not the result of ongoing or unusual excessive exertion
 - iv. not substantially alleviated by rest

Yes

No

2. **Post-exertional malaise (PEM)***—worsening of symptoms after physical, mental, or emotional exertion that would not have caused a problem before the illness.

- a) PEM often puts the patient in relapse that may last days, weeks, or even longer.
- b) For some patients, sensory overload (light and sound) can induce PEM.
- c) The symptoms typically get worse 12 to 48 hours after the activity or exposure and can last for days or even weeks.

Yes

No

3. Unrefreshing sleep*—

- a) Patients with ME/CFS may not feel better or less tired after a full night's sleep.
- b) This may occur despite the absence of specific objective sleep alterations.

Yes

No

Additional symptoms:

The patient must have **1** of the following symptoms in addition to the required symptoms:

1. Cognitive impairment*—problems with thinking, memory, executive function, and information processing. They also have attention deficit and impaired psychomotor functions.

- a) All can be exacerbated by exertion, effort, prolonged upright posture, stress, or time pressure.
- b) This may have serious consequences on a patient's ability to maintain a job or attend school full-time.

Yes

No

2. Orthostatic intolerance— a worsening of symptoms upon assuming and maintaining upright posture. This is measured by heart rate and blood pressure abnormalities during standing, bedside orthostatic vital signs, or head-up tilt testing.

- a) Symptoms including lightheadedness, fainting, increased fatigue, cognitive worsening, headaches, or nausea are worsened while upright (either standing or sitting). Symptoms are improved (though not necessarily fully resolved) with lying down.
- b) Orthostatic intolerance is often the most bothersome manifestation of ME/CFS among adolescents.

Yes

No

Many people with ME/CFS also have other symptoms. These are not required for diagnosis:

1. Muscle pain

Yes

No

2. Joint pain without swelling or redness

Yes

No

3. Headaches of a new type, pattern, or severity

Yes

No

4. Swollen or tender lymph nodes in the neck or armpit

Yes

No

5. A frequent or recurring sore throat

Yes

No

6. Chills and night sweats

Yes

No

7. Visual disturbances

Yes

No

8. Sensitivity to light and sound

Yes

No

9. Nausea

Yes

No

10. Allergies or sensitivities to foods, odors, chemicals, or medications.

Yes

No

Diagnosis

Based on the clinical evaluation, differential diagnosis, and whether the patient meets the Fukuda criteria, indicate whether a diagnosis can be made:

Referrals and recommendations:

Additional notes

Reference:

Centers for Disease Control and Prevention. (2024, May 22). *IOM 2015 diagnostic criteria*.
<https://www.cdc.gov/me-cfs/hcp/diagnosis/iom-2015-diagnostic-criteria-1.html>