

CHRONIC FATIGUE SYNDROME/FIBROMYALGIA SYMPTOM CHECKLIST
(c) 1997 Katrina Berne, Ph.D., Mesa, AZ
www.LivingWithIllness.com

Please indicate on a scale of 1 to 10, with 10 being the most severe, the severity of each symptom you experience (using the past month as a general guide). If you do not have the symptom, leave the space blank. (142 items)

Patient Name: _____

Date: _____

GENERAL (24 items)

- _____ Fatigue, made worse by physical exertion or stress
- _____ Activity level decreased to less than 50% of pre-illness activity level
- _____ Recurrent flu-like illness
- _____ Sore throat
- _____ Hoarseness
- _____ Tender or swollen lymph nodes (glands), especially in neck and underarms
- _____ Shortness of breath (air hunger) with little or no exertion
- _____ Frequent sighing
- _____ Tremor or trembling
- _____ Severe nasal allergies (new allergies or worsening of previous allergies)
- _____ Cough
- _____ Night sweats
- _____ Low-grade fevers
- _____ Feeling cold often
- _____ Feeling hot often
- _____ Cold extremities (hands and feet)
- _____ Low body temperature (below 97.6)
- _____ Low blood pressure (below 110/70)
- _____ Heart palpitations
- _____ Dryness of eyes and/or mouth
- _____ Increased thirst
- _____ Symptoms worsened by temperature changes
- _____ Symptoms worsened by air travel
- _____ Symptoms worsened by stress

PAIN (9 items)

- _____ Headache
- _____ Tender points or trigger points
- _____ Muscle pain
- _____ Muscle twitching
- _____ Muscle weakness
- _____ Paralysis or severe weakness of an arm or leg
- _____ Joint pain
- _____ TMJ syndrome
- _____ Chest pain

GENERAL NEUROLOGICAL (11 items)

- _____ Lightheadedness; feeling "spaced out"
- _____ Inability to think clearly ("brain fog")
- _____ Seizures
- _____ Seizure-like episodes
- _____ Syncope (fainting) or blackouts
- _____ Sensation that you might faint
- _____ Vertigo or dizziness
- _____ Numbness or tingling sensations
- _____ Tinnitus (ringing in one or both ears)
- _____ Photophobia (sensitivity to light)
- _____ Noise intolerance

EQUILIBRIUM/PERCEPTION (6 items)

- _____ Feeling spatially disoriented
- _____ Dysequilibrium (balance difficulty)
- _____ Staggering gait (clumsy walking; bumping into things)
- _____ Dropping things frequently
- _____ Difficulty judging distances (e.g. when driving; placing objects on surfaces)
- _____ "Not quite seeing" what you are looking at

SLEEP (6 items)

- _____ Hypersomnia (excessive sleeping)
- _____ Sleep disturbance: unrefreshing or non-restorative sleep
- _____ Sleep disturbance: difficulty falling asleep
- _____ Sleep disturbance: difficulty staying asleep (frequent awakenings)
- _____ Sleep disturbance: vivid or disturbing dreams or nightmares
- _____ Altered sleep/wake schedule (alertness/energy best late at night)

MOOD/EMOTIONS (16 items)

- _____ Depressed mood
- _____ Suicidal thoughts
- _____ Suicide attempts
- _____ Feeling worthless
- _____ Frequent crying
- _____ Feeling helpless and/or hopeless
- _____ Inability to enjoy previously enjoyed activities
- _____ Increased appetite
- _____ Decreased appetite
- _____ Anxiety or fear when there is no obvious cause
- _____ Panic attacks
- _____ Irritability; overreaction
- _____ Rage attacks: anger outbursts with little or no cause
- _____ Abrupt, unpredictable mood swings
- _____ Phobias (irrational fears)
- _____ Personality changes

EYES AND VISION (4 items)

- _____ Eye pain
- _____ Changes in visual acuity (frequent changes in ability to see well)
- _____ Difficulty with accommodation (switching focus from one thing to another)
- _____ Blind spots in vision

SENSITIVITIES (5 items)

- _____ Sensitivities to medications (unable to tolerate "normal" dosage)
- _____ Sensitivities to odors (e.g., cleaning products, exhaust fumes, colognes, hair sprays)
- _____ Sensitivities to foods
- _____ Alcohol intolerance
- _____ Alteration of taste, smell, and/or hearing

UROGENITAL (7 items)

- _____ Frequent urination
- _____ Painful urination or bladder pain
- _____ Prostate pain
- _____ Impotence
- _____ Endometriosis
- _____ Worsening of premenstrual syndrome (PMS)
- _____ Decreased libido (sex drive)

GASTROINTESTINAL (12 items)

- _____ Stomach ache; abdominal cramps
- _____ Nausea
- _____ Vomiting
- _____ Esophageal reflux (heartburn)
- _____ Frequent diarrhea
- _____ Frequent constipation
- _____ Bloating; intestinal gas
- _____ Decreased appetite
- _____ Increased appetite
- _____ Food cravings
- _____ Weight gain (____ lbs)
- _____ Weight loss (____ lbs)

SKIN (2 items)

- _____ Rashes or sores
- _____ Eczema or psoriasis

OTHER (6 items)

- _____ Hair loss
- _____ Mitral valve prolapse
- _____ Cancer
- _____ Dental problems
- _____ Periodontal (gum) disease
- _____ Aphthous ulcers (canker sores)

COGNITIVE (34 items)

- _____ Difficulty with simple calculations (e.g., balancing checkbook)
- _____ Word-finding difficulty
- _____ Using the wrong word
- _____ Difficulty expressing ideas in words
- _____ Difficulty moving your mouth to speak
- _____ Slowed speech
- _____ Stuttering; stammering
- _____ Impaired ability to concentrate
- _____ Easily distracted during a task
- _____ Difficulty paying attention
- _____ Difficulty following a conversation when background noise is present
- _____ Losing your train of thought in the middle of a sentence
- _____ Difficulty putting tasks or things in proper sequence
- _____ Losing track in the middle of a task (remembering what to do next)
- _____ Difficulty with short-term memory
- _____ Difficulty with long-term memory
- _____ Forgetting how to do routine things
- _____ Difficulty understanding what you read
- _____ Switching left and right
- _____ Transposition (reversal) of numbers, words and/or letters when you speak
- _____ Transposition (reversal) of numbers, words and/or letters when you write
- _____ Difficulty remembering names of objects
- _____ Difficulty remembering names of people
- _____ Difficulty recognizing faces
- _____ Difficulty following simple written instructions
- _____ Difficulty following complicated written instructions

- _____ Difficulty following simple oral (spoken) instructions
- _____ Difficulty following complicated oral (spoken) instructions
- _____ Poor judgment
- _____ Difficulty making decisions
- _____ Difficulty integrating information (putting ideas together to form a complete picture or concept)
- _____ Difficulty following directions while driving
- _____ Becoming lost in familiar locations when driving
- _____ Feeling too disoriented to drive