

PEDIATRIC ME/CFS: CLINICAL DIAGNOSTIC WORKSHEET:

Patient Name _____ Patient ID _____

Date _____

Criteria for the diagnosis of ME/CFS in children and adolescents:

- Impaired function, post-exertional symptoms, fatigue, sleep disturbance, neurocognitive problems, and pain.
- Some or all symptoms are present every day (symptoms often fluctuate significantly in intensity during the day or from day-to-day).
- The symptoms are mostly moderate to severe.
- Symptoms have persisted or recurred for at least 6 months (a provisional diagnosis and appropriate management can be instituted before 6 months).
- Other fatiguing illnesses have been excluded by history, physical examination, and medical testing

Have the following symptoms persisted or recurred during the past 6 months?	Present	Symptom severity in the past month: absent (0), mild (1), moderate (2), and severe (3)
1. <i>Impaired function</i> : there is loss of mental and/or physical stamina and a substantial reduction in ability to take part in personal, educational, and/or social activities	Yes [] No []	
2. <i>Post-exertional symptoms</i> : normal activity or mild/moderate exertion is followed by worsening of malaise, fatigue, and other symptoms. Recovery takes more than 24 h	Yes [] No []	
3. <i>Fatigue</i> : the fatigue is not the result of ongoing exertion, is not relieved by rest, and is medically unexplained. Fatigue can worsen with prolonged upright posture	Yes [] No []	
4. <i>Sleep problems</i> : sleep is unrefreshing with disturbed quantity or rhythm that can include daytime hypersomnia, nighttime insomnia, and day/night reversal	Yes [] No []	
5. <i>Cognitive problems</i> : any of the following: difficulty in concentration or focusing, difficulty understanding information and/or expressing thoughts, difficulty finding words or numbers, impaired short-term memory, absent mindedness, slowness of thought. Cognitive problems can be provoked by, or worsen with prolonged upright posture and/or physical or mental activity. Some young patients may not recognize these problems, but they might be noticed by a parent or teacher.	Yes [] No []	
6. <i>Pain</i> : can be widespread or localized, commonly seen are: chronic daily headaches, myalgias, abdominal pain, joint pains, sore throats, and painful lymph nodes. Pain can be worsened by prolonged upright posture. Rarely is pain absent	Yes [] No []	
<i>Total symptom severity score:</i>		

Other symptoms present in many, but not all, pediatric patients with ME/CFS:

Orthostatic intolerance: prolonged upright posture can induce symptoms that can include lightheadedness, increased fatigue, cognitive worsening, headaches, and/or nausea. Postural tachycardia syndrome (POTS) or neurally mediated hypotension (NMH) are often present.

Hypersensitivities: to light, noise, touch, odors, and medications.

Thermo-regulatory imbalance: low body temperature, intolerance to heat and cold, and/or cold hands and feet.

Gastrointestinal symptoms: abdominal pain, nausea and/or anorexia.

To diagnose ME/CFS:

- Symptom criteria 1, 2, and 3 are present together with at least two of criteria 4, 5, and 6: Yes [] No []
- Symptoms are present for 6 months and some or all symptoms are present daily: Yes [] No []
- No other diagnosis found from the history, physical examination, and medical testing: Yes [] No []
- Symptom severity score: 0–4 ME/CFS unlikely; 5–12 mild/moderate ME/CFS; 13–18 moderate/severe ME/CFS

_____ Patient meets criteria for ME/CFS.

_____ Full criteria not met. Patient should be monitored and symptoms should be managed.