**APPENDIX B**

**PEDIATRIC ME/CFS CASE DEFINITION WORKSHEET**

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<th>Subject:</th>
<th>Date:</th>
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To meet criteria for pediatric ME/CFS the subject must have had 3 months of medically unexplained fatigue; post-exertional malaise; unrefreshing sleep or sleep disturbance; widespread or migratory myofascial, joint, abdominal or head pain; two or more neuro-cognitive manifestations (such as impaired memory, difficulty focusing or slowness of thought); and at least one symptom from two of the following categories: autonomic, neuroendocrine, or immune. Symptoms must be moderate or severe to meet criteria.

### I. Symptoms:
ME/CFS symptoms must have persisted or recurred during the past **three months** of illness.

### II. Post-exertional malaise:
With even non-strenuous activity there must be a loss of physical or mental stamina, rapid/sudden muscle or cognitive fatigability, post-exertional malaise and/or fatigue and a tendency for other associated symptoms within the patient's cluster of symptoms to worsen. The recovery is slow, often taking 24 hours or longer.

### III. Sleep:
Unrefreshing sleep or disturbance of sleep quantity or rhythm disturbance.

### IV. Pain:
At least one symptom from any of the following:
- Myofascial and/or joint pain
- Abdominal and/or head pain

### V. Two or more neurocognitive manifestations:
- Impaired memory
- Difficulty focusing
- Difficulty finding the right word
- Frequently forget what wanted to say
- Absent mindedness
- Difficulty recalling information
- Slowness of thought
- Need to focus on one thing at a time
- Trouble expressing thought
- Difficulty comprehending information
- Frequently lose train of thought
- New trouble with math or other educational subjects

### VI. At least one symptom from two of the following three categories:
- **Autonomic manifestations:** Neuromediators mediate hypotension, postural orthostatic tachycardia, delayed postural hypotension, palpitations with or without cardiac arrhythmias, dizziness, disturbed balance, shortness of breath.
- **Neuroendocrine manifestations:** Recurrent feelings of feverishness and cold extremities, subnormal body temperature and marked diurnal fluctuations, sweating episodes, intolerance of extremes of heat and cold, marked weight change-loss of appetite or abnormal appetite, worsening of symptoms with stress.
- **Immune manifestations:** Recurrent flu-like symptoms, non-exudative pharyngitis, repeated fevers and sweats, lymph nodes tender to palpation, new sensitivities to food, odors, or chemicals.

### Exclusionary conditions:
- **Active disease processes** that could explain chronic fatigue
- **Active psychiatric conditions** that may explain the presence of chronic fatigue, such as:
  - Childhood schizophrenia or psychotic disorders
  - Bipolar disorder
  - Active alcohol or substance abuse
  - Active anorexia nervosa or bulimia nervosa
  - Severe depressive disorders

Subjects may have concomitant disorders that do not adequately explain fatigue such as school phobia, separation anxiety, anxiety disorders, somatoform disorders, milder depressive disorders, multiple chemical sensitivities, and fibromyalgia.

### DIAGNOSIS:
- Severe ME/CFS (meets criteria for categories I, II, III, IV, V and VI)
- Moderate ME/CFS (meets 5 of the 6 categories; also only one symptom is needed for VI)
- Atypical ME/CFS (meets four or fewer criteria categories)