

# SYMPTOM SEVERITY AND SEVERITY HIERARCHY PROFILE

Adapted from Myalgic Encephalomyelitis/Chronic Fatigue Syndrome: A Clinical Case Definition and Guidelines for Medical Practitioners. An Overview of the Canadian Consensus Document. Carruthers BM, van de Sande MI.

Name \_\_\_\_\_ Date from \_\_\_\_/\_\_\_\_/\_\_\_\_

## Instructions:

- Rank your symptoms in order of severity (1 being your most severe symptom) in the left column.
- Rate severity of symptoms by putting a check mark in the appropriate column to the right of symptoms.

Symptom severity and Severity hierarchy profile					
Rank	Symptom	Absent (0)	Mild (1)	Moderate (2)	Severe (3)
	<b>Post-exertional fatigue:</b> loss of physical and mental stamina, fatigue made worse by physical exertion				
	<b>Long recovery period from exertion:</b> takes more than 24 hours to recover to pre-exertion activity level				
	<b>Fatigue:</b> persistent, marked fatigue that substantially reduces activity level				
	<b>Sleep disturbance:</b> non-restorative sleep, insomnia, hypersomnia				
	<b>Pain:</b> in muscles, joints, headaches				
	<b>Memory disturbance:</b> poor short term memory				
	<b>Confusion and difficulty concentrating</b>				
	<b>Difficulty retrieving words or saying the wrong word</b>				
	<b>Gastrointestinal disturbance:</b> diarrhoea, IBS				
	<b>Recurrent sore throat</b>				
	<b>Recurrent flu-like symptoms</b>				
	<b>Dizziness or weakness upon standing</b>				
	<b>Change in body temperature, erratic body temperature, cold hands and feet</b>				
	<b>Heat/cold intolerance</b>				
	<b>Hot flushes, sweating episodes</b>				
	<b>Marked weight change</b>				
	<b>Breathless with exertion</b>				
	<b>Tender lymph nodes:</b> especially at sides of neck and under arms				
	<b>Sensitive to light, noise, or odours</b>				
	<b>Muscle weakness</b>				
	<b>New sensitivities to food/medications/chemicals</b>				
<b>Total check marks in column</b>		<b>x0</b>	<b>x1</b>	<b>x2</b>	<b>x3</b>
<b>Column total</b>					

Total score: \_\_\_\_\_ Overall symptom severity: \_\_\_\_\_ mild, \_\_\_\_\_ moderate, \_\_\_\_\_ severe

Other symptoms \_\_\_\_\_

Aggravators \_\_\_\_\_

Change in symptoms \_\_\_\_\_

How good is your sleep on a scale of 1 to 5? (5 = good restorative sleep, 1 = no sleep) \_\_\_\_\_

How do you feel today on a scale of 1 to 10? (10 = terrific, 1 = totally bedridden) \_\_\_\_\_

\_\_\_\_\_