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:

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

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) _____