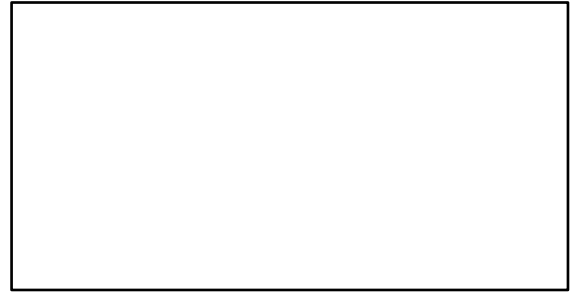


ME/CFS, FM, and Long COVID Assessment Tool

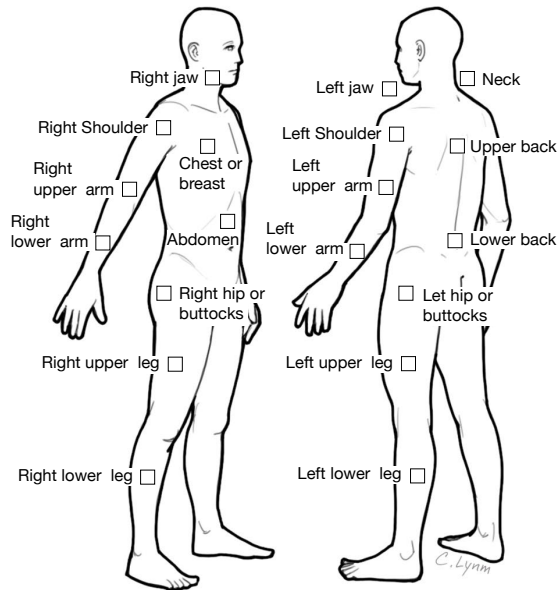
Date: _____



2016 Revised Fibromyalgia Diagnostic Criteria Seminars in Arthritis and Rheumatism 46 (2016) 319 - 329

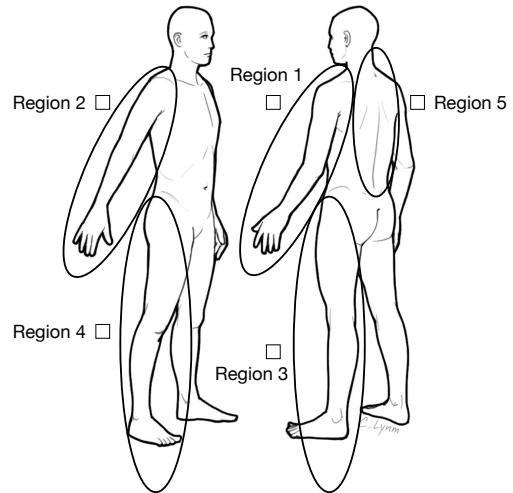
① Widespread Pain Index (WPI score range 0 - 19)

Pain and tenderness during the past week



Widespread Pain Index Total (maximum 19) _____

② Generalized pain - do not count jaws, chest, or abdomen



Generalized Pain Total (maximum 5) _____

③ Symptom Severity Score (SSS score range 0 - 12)

Over the past week:

No problem

Slight or mild problem: generally mild or intermittent

Moderate problem: considerable problems; often present and/or at a moderate level

Severe problem: continuous, life-disturbing

	No problem	Slight/mild	Moderate	Severe
• Fatigue	<input type="checkbox"/> = 0	<input type="checkbox"/> = 1	<input type="checkbox"/> = 2	<input type="checkbox"/> = 3
• Trouble thinking or remembering	<input type="checkbox"/> = 0	<input type="checkbox"/> = 1	<input type="checkbox"/> = 2	<input type="checkbox"/> = 3
• Waking up tired (unrefreshed)	<input type="checkbox"/> = 0	<input type="checkbox"/> = 1	<input type="checkbox"/> = 2	<input type="checkbox"/> = 3

During the past 6 months:

• Pain or cramps in the abdomen	<input type="checkbox"/> No = 0	<input type="checkbox"/> Yes = 1
• Depression	<input type="checkbox"/> No = 0	<input type="checkbox"/> Yes = 1
• Headache	<input type="checkbox"/> No = 0	<input type="checkbox"/> Yes = 1

Symptom Severity Score Total (maximum 12) _____

All of the following criteria must be met to make a diagnosis of Fibromyalgia	
1. WPI \geq 7 and SSS \geq 5 OR WPI 4 to 6 and SSS \geq 9	<input type="checkbox"/> No <input type="checkbox"/> Yes
2. Generalized pain: at least 4/5 regions	<input type="checkbox"/> No <input type="checkbox"/> Yes
3. Have the symptoms in section 3 and pain been present at a similar clinical level for at least 3 months ?	<input type="checkbox"/> No <input type="checkbox"/> Yes
Fulfills all diagnostic criteria for FM	<input type="checkbox"/> No <input type="checkbox"/> Yes

Secondary pain generators that need to be worked up or treated:

ME/CFS:

2003 Canadian Clinical Working Case Definition

Pathological Fatigue

A significant degree of new onset, unexplained, persistent or recurrent physical and/or mental fatigue that substantially reduces activity levels and which is not the result of ongoing exertion and is not relieved by rest

Post-exertional Malaise and Worsening of Symptoms

Mild exertion or even normal activity is followed by malaise: the loss of physical and mental stamina and/or worsening of other symptoms. Recovery is delayed, taking more than 24 hours

Sleep Dysfunction

Sleep is un-refreshing: disturbed quantity - daytime hypersomnia or nighttime insomnia and/or disturbed rhythm - day/night reversal.
Rarely, there is no sleep problem.

Pain

Pain is widespread, migratory or localized: myalgia; arthralgia (without signs of inflammation); and/or headache - a new type, pattern or severity. Rarely, there is no pain

Neurocognitive Manifestations (2 or more)

- | | |
|--|---|
| <input type="checkbox"/> confusion | <input type="checkbox"/> impaired concentration |
| <input type="checkbox"/> short-term memory | <input type="checkbox"/> disorientation |
| <input type="checkbox"/> categorizing and word retrieval | |
| <input type="checkbox"/> perceptual and sensory disturbances | |
| <input type="checkbox"/> ataxia | <input type="checkbox"/> muscle weakness |
| <input type="checkbox"/> fasciculation | <input type="checkbox"/> cognitive overload |
| <input type="checkbox"/> emotional overload | <input type="checkbox"/> hypersensitivity to light or sound |

At least one symptom from two of the following categories:

Autonomic Manifestations

- | | |
|--|---|
| <input type="checkbox"/> orthostatic intolerance—neurally mediated hypotension (NMH) | |
| <input type="checkbox"/> postural orthostatic tachycardia syndrome (POTS) | |
| <input type="checkbox"/> delayed postural hypotension | <input type="checkbox"/> light-headedness |
| <input type="checkbox"/> extreme pallor | <input type="checkbox"/> nausea and IBS |
| <input type="checkbox"/> urinary frequency and bladder dysfunction | |
| <input type="checkbox"/> palpitations with or without cardiac arrhythmias | |
| <input type="checkbox"/> exertional dyspnea. | |

Neuroendocrine Manifestations

- loss of thermostatic stability—subnormal body temp; marked diurnal fluctuation
- | | |
|---|---|
| <input type="checkbox"/> sweating episodes | <input type="checkbox"/> recurrent feelings of feverishness |
| <input type="checkbox"/> cold extremities | <input type="checkbox"/> intolerance heat and cold |
| <input type="checkbox"/> marked weight change | <input type="checkbox"/> anorexia or abnormal appetite |
| <input type="checkbox"/> loss of adaptability and worsening of symptoms with stress | |

Immune Manifestations

- | | |
|---|--|
| <input type="checkbox"/> tender lymph nodes | <input type="checkbox"/> recurrent sore throat |
| <input type="checkbox"/> recurrent flu-like symptoms | <input type="checkbox"/> general malaise |
| <input type="checkbox"/> new sensitivities to food, medications and/or chemicals. | |

The illness has persisted for at least 6 months

SEID:

2015 Institute of Medicine Diagnostic Criteria

Diagnosis requires the following three symptoms:

A substantial reduction or impairment in the ability to engage in pre-illness levels of occupational, educational, social, or personal activities, that persists for more than 6 months and is accompanied by **Fatigue**, which is often profound, is of new or definite onset (not lifelong), is not the result of ongoing excessive exertion, and is not substantially alleviated by rest, and

Post-exertional Malaise*

Unrefreshing Sleep*

At least one of the two following:

Cognitive Impairment*
or

Orthostatic Intolerance

* Frequency and severity of symptoms should be assessed. The diagnosis of ME/CFS/SEID should be questioned if patients do not have these symptoms at least half of the time with moderate, substantial, or severe intensity.

<p><input type="checkbox"/> Diagnostic impression</p> <ul style="list-style-type: none"> <input type="checkbox"/> Long COVID <input type="checkbox"/> ME/CFS <input type="checkbox"/> FM <input type="checkbox"/> Orthostatic intolerance <input type="checkbox"/> Other 	<p>Other Central Sensitivity Syndromes</p> <ul style="list-style-type: none"> <input type="checkbox"/> None <input type="checkbox"/> Headaches (tension type) <input type="checkbox"/> IBS (irritable bowel syndrome) <input type="checkbox"/> Interstitial Cystitis <input type="checkbox"/> Irritable larynx syndrome <input type="checkbox"/> Migraines <input type="checkbox"/> Myofascial pain syndrome <input type="checkbox"/> Non-cardiac chest pain <input type="checkbox"/> Pelvic pain syndrome & related disorders <input type="checkbox"/> POTS (postural orthostatic tachycardia syndrome) <input type="checkbox"/> PTSD (post-traumatic stress disorder) <input type="checkbox"/> Restless leg syndrome <input type="checkbox"/> Temporomandibular disorders (TMD/TMJ) <input type="checkbox"/> Multiple chemical sensitivities/environmental sensitivities <input type="checkbox"/> Other:
<p>Co-morbid psychiatric problems</p> <ul style="list-style-type: none"> <input type="checkbox"/> Depression <input type="checkbox"/> Anxiety <input type="checkbox"/> PTSD <input type="checkbox"/> Other 	<p>Investigations ordered</p> <ul style="list-style-type: none"> <input type="checkbox"/> Baseline bloodwork <input type="checkbox"/> CXR <input type="checkbox"/> EKG <input type="checkbox"/> Persantine MIBI (avoid exercise stress test) <input type="checkbox"/> Holter <input type="checkbox"/> Overnight oximetry <input type="checkbox"/> Age appropriate malignancy screening <ul style="list-style-type: none"> <input type="checkbox"/> FIT <input type="checkbox"/> Mammogram <input type="checkbox"/> Pap <input type="checkbox"/> PSA <input type="checkbox"/> Other
<p>Differential diagnosis and co-existing conditions that need to be worked up</p> <ul style="list-style-type: none"> <input type="checkbox"/> Dyspnea <input type="checkbox"/> Chest pain <input type="checkbox"/> Neurological symptoms <input type="checkbox"/> OSA <input type="checkbox"/> POTS <input type="checkbox"/> Other 	<p>Patient Handouts</p> <ul style="list-style-type: none"> <input type="checkbox"/> Patient Resources <input type="checkbox"/> POTS home test <input type="checkbox"/> Other
<p>Referrals</p> <ul style="list-style-type: none"> <input type="checkbox"/> Trigger Point Injections MuscleMD, Myo Clinic, ChangePAIN, Other <input type="checkbox"/> Respiriology <input type="checkbox"/> Cardiology <input type="checkbox"/> Neurology <input type="checkbox"/> Other 	<p>Notes</p>
<p>Plan for next visit</p> <ul style="list-style-type: none"> <input type="checkbox"/> Review investigations <input type="checkbox"/> Sit/Stand Test (Rapid exercise tests for exertional desaturation) <input type="checkbox"/> Review POTS home test <input type="checkbox"/> Other 	