## ME/CFS, FM, and Long COVID Symptom Inventory

Name:

Date of COVID onset:

Positive COVID test: Yes  $\square$  No  $\square$ 

Please circle all symptoms that apply.

Fatigue	Physical faigue	Mental fatigue	Decreased activity tolerance	Decreased exercise capacity	Post-exertional malaise
Pain	Muscle pain	Joint pain	Headaches	Chest pain	Chest tightness
	Abdominal pain	Pain all over	Muscle tightness	Other pain	
Sleep disturbance	Unrefreshing sleep	Difficulty falling asleep	Difficulty staying asleep		
Brain fog	Poor memory	Difficulty concentrating	Diffculty finding words	Easily overwhelmed	
	Diorientation	Confusion			
Unexplained Symptoms	Lung	Shortness of breath	Difficulty taking a deep breath	Cough	Wheezing
	Autonomic	Lightheadedness	Dizziness	Fainting	Low blood pressure
		Palpitations	Racing heart	Irregular heart	
		Feverish	Night sweats	Heat/cold intolrerance	
	Digestive	Loss of appetite	Nausea	Vomiting	Significant weight change
		Diarrhea	Constipation	Abdominal bloating	Abdominal cramps
	Nervous system	Loss of taste or smell	Blurry vision	Vertigo	Ringing in the ears
		Numbness and tingling	Muscle weakness	Hypersensitivity to light or sound	Problems with balance and coordination
	Immune	Sore throat	Tender lymph nodes	recurrent flu-like symptoms	Sensitivities to food/ medications/chemials
	Other	Hair loss	Rash	Menstrual cycle irregularities	Urinary frequency
Psychiatric	Depression	Anxiety	Mood swings	PTSD	

□ Other: