

CFS Symptom Checklist

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This is one of the questionnaires filled out by patients new to Dr. Goldstein. It can also be found in his books on Chronic Fatigue Syndrome. The numbers in parentheses are the percentage of CFIDS patients who experience those symptoms. To complete the survey, rate the severity of your symptoms from 0 to 10, with zero being the least and ten being the greatest severity.

1. **Fatigue** (100%) - usually made worse by physical exertion.

2. **Cognitive function problems** (80%)

- _____ a. attention deficit disorder
- _____ b. calculation difficulties
- _____ c. memory disturbance
- _____ d. spatial disorientation
- _____ e. frequently saying the wrong word

3. **Psychological problems** (80%)

- _____ a. depression
- _____ b. anxiety
- _____ c. personality changes, usually a worsening of a previously mild tendency
- _____ d. emotional lability (mood swings)
- _____ e. psychosis (1%)

4. **Other nervous system problems** (100%)

- _____ a. sleep disturbance
- _____ b. headaches
- _____ c. changes in visual acuity
- _____ d. seizures
- _____ e. numb or tingling feelings
- _____ f. disequilibrium
- _____ g. lightheadedness - feeling "spaced out"
- _____ h. frequent and unusual nightmares
- _____ i. difficulty moving your tongue to speak
- _____ j. ringing in ears
- _____ k. paralysis
- _____ l. severe muscle weakness
- _____ m. blackouts
- _____ n. intolerance of bright lights
- _____ o. intolerance of alcohol
- _____ p. alteration of taste, smell, hearing
- _____ q. non-restorative sleep
- _____ r. decreased libido
- _____ s. twitching muscles ("benign fasciculations")

_____ 5. **Recurrent flu-like illnesses** (75%) - often with chronic sore throat.

_____ 6. **Painful lymph nodes** - especially on sides of neck and under the arms (60%). _____

_____ 7. **Severe nasal and other allergies** - often worsening of previous mild problems (40%).

- _____ 8. **Weight changes** - usually gain (70%). _____
- _____ 9. **Muscle and joint aches** with tender "trigger points" or Fibromyalgia(65%). _____
- _____ 10. **Abdominal pain, diarrhea, nausea, intestinal gas** - "irritable bowel syndrome" (50%).
- _____ 11. **Low grade fevers or feeling hot** often (70%).
- _____ 12. **Night sweats** (40%).
- _____ 13. **Heart palpitations** (40%).
- _____ 14. **Severe premenstrual syndrome** - PMS (70% of women).
- _____ 15. **Rash of herpes simplex or shingles** (20%).
- _____ 16. **Uncomfortable or recurrent urination** - pain in prostate (20%).

17. Other symptoms:

- _____ a. rashes
- _____ b. hair loss
- _____ c. impotence
- _____ d. chest pain
- _____ e. dry eyes and mouth
- _____ f. cough
- _____ g. TMJ syndrome
- _____ h. mitral valve prolapse
- _____ i. frequent canker sores
- _____ j. cold hands and feet
- _____ k. serious rhythm disturbances of the heart
- _____ l. carpal tunnel syndrome
- _____ m. piriform muscle syndrome causing sciatica
- _____ n. thyroid inflammation
- _____ o. various cancers (a rare occurrence)
- _____ p. periodontal (gum) disease
- _____ q. endometriosis
- _____ r. easily getting out of breath ("dyspnea on exertion")
- _____ s. symptoms worsened by extremes of temperature
- _____ t. multiple sensitivities to medicines, food and other substances

Additional Symptoms You Have: