

10_b

Multi-Site Clinical Assessment of CFS in Children and Adolescents

CDC Symptom Inventory: For the Follow-Up Subjects

Subject ID Number: _____

Month and Year of Birth (MM/YY): _____

Start Date: _____ / _____ / _____ & Time: _____ am/pm
Month Day Year HH:MM

Complete Date: _____ / _____ / _____ & Time: _____ am/pm
Month Day Year HH:MM

CDC Symptom Inventory

These questions are about physical symptoms that you may have experienced during the past month.

Fatigue

C.1 During the past month, have you had fatigue, tiredness, or exhaustion?

- ₁ Yes
- ₂ No → (Skip to C.1f)

C.1a During the past month, how often have you had fatigue, tiredness or exhaustion?

- ₁ A little of the time
- ₂ Some of the time
- ₃ A good bit of the time
- ₄ Most of the time
- ₅ All of the time

C.1b During the past month, how bad was your fatigue, tiredness or exhaustion?

- ₁ Very mild
- ₂ Mild
- ₃ Moderate
- ₄ Severe
- ₅ Very severe

C.1c Prior to this past month, for how long had you had fatigue, tiredness or exhaustion?

₁ Less than 3 months —————▶ (Skip to C.1e)

₂ 3 – 6 months —————▶ (Skip to C.1e)

₃ 6 – 12 months —————▶ (Skip to C.1e)

₄ More than 12 months



C.1d For how many years have you had fatigue, tiredness or exhaustion?

_____ Record Number of Years

C.1e Do you consider your fatigue, tiredness or exhaustion to currently be part of your ill-health?

₁ Yes

₂ No

C.1f Has fatigue, tiredness or exhaustion been a part of your ill-health in the past?

₁ Yes

₂ No

C.1g When this fatigue, tiredness, or exhaustion began, would you say that it came on all of a sudden, or slowly over time?

₁ All of sudden

₂ Slowly over time

₆ Not applicable

₈ Don't know

Sore Throat

C.2 During the past month, have you had a sore throat?

- ₁ Yes
- ₂ No → (Skip to C.3)

C.2a During the past month, how often have you had a sore throat?

- ₁ A little of the time
- ₂ Some of the time
- ₃ A good bit of the time
- ₄ Most of the time
- ₅ All of the time

C.2b During the past month, how bad was your sore throat?

- ₁ Very mild
- ₂ Mild
- ₃ Moderate
- ₄ Severe
- ₅ Very severe

C.2c Prior to this past month, for how long had you had a sore throat?

- ₁ Less than 3 months → (Skip to C.3)
- ₂ 3 – 6 months → (Skip to C.3)
- ₃ 6 – 12 months → (Skip to C.3)
- ₄ More than 12 months

→ **C.2d For how many years have you had a sore throat?**

_____ Record Number of Years

Tender Lymph Nodes and Swollen Glands

C.3 During the **past month**, have you had tender lymph nodes or swollen glands in your neck or armpits?

- ₁ Yes
₂ No → (Skip to C.4)

C.3a During the **past month**, how often have you had tender lymph nodes or swollen glands?

- ₁ A little of the time
₂ Some of the time
₃ A good bit of the time
₄ Most of the time
₅ All of the time

C.3b During the **past month**, how tender were your lymph nodes or how swollen were your glands?

- ₁ Very mild
₂ Mild
₃ Moderate
₄ Severe
₅ Very severe

C.3c Prior to this **past month**, how long had you had tender lymph nodes or swollen glands?

- ₁ Less than 3 months → (Skip to C.4)
₂ 3 – 6 months → (Skip to C.4)
₃ 6 – 12 months → (Skip to C.4)
₄ More than 12 months



C.3d For how many **years** have you had tender lymph nodes or swollen glands?

_____ Record Number of Years

Fatigue After Exertion

C.4 During the past month, have you been unusually fatigued or unwell for at least one day after exerting yourself in any way?

- ₁ Yes
- ₂ No → (Skip to C.5)

C.4a During the past month, how often have you had unusual fatigue after exertion?

- ₁ A little of the time
- ₂ Some of the time
- ₃ A good bit of the time
- ₄ Most of the time
- ₅ All of the time

C.4b During the past month, how bad was your unusual fatigue after exertion?

- ₁ Very mild
- ₂ Mild
- ₃ Moderate
- ₄ Severe
- ₅ Very severe

C.4c Prior to this past month, for how long had you had unusual fatigue after exertion?

- ₁ Less than 3 months → (Skip to C.5)
- ₂ 3 – 6 months → (Skip to C.5)
- ₃ 6 – 12 months → (Skip to C.5)
- ₄ More than 12 months



C.4d For how many years have you had unusual fatigue after exertion?

_____ Record Number of Years

Muscle Aches and Pains

C.5 During the past month, have you had muscle aches or muscle pain?

- ₁ Yes
₂ No → (Skip to C.6)

C.5a During the past month, how often have you had muscle aches or muscle pains?

- ₁ A little of the time
₂ Some of the time
₃ A good bit of the time
₄ Most of the time
₅ All of the time

C.5b During the past month, how bad were your muscle aches or muscle pains?

- ₁ Very mild
₂ Mild
₃ Moderate
₄ Severe
₅ Very severe

C.5c Prior to this past month, for how long have you had muscle aches or muscle pains?

- ₁ Less than 3 months → (Skip to C.6)
₂ 3 – 6 months → (Skip to C.6)
₃ 6 – 12 months → (Skip to C.6)
₄ More than 12 months



C.5d For how many years have you had muscle aches or muscle pains?

_____ Record Number of Years

Joint Pain

C.6 During the past month, have you had pain in several joints?

- ₁ Yes
₂ No  (Skip to C.7)




C.6a During the past month, how often have you had joint pain?


- ₁ A little of the time
₂ Some of the time
₃ A good bit of the time
₄ Most of the time
₅ All of the time

C.6b During the past month, how bad was the joint pain?

- ₁ Very mild
₂ Mild
₃ Moderate
₄ Severe
₅ Very severe

C.6c Prior to this past month, for how long had you had joint pain?

- ₁ Less than 3 months  (Skip to C.7)
₂ 3 – 6 months  (Skip to C.7)
₃ 6 – 12 months  (Skip to C.7)
₄ More than 12 months

 **C.6d** For how many years have you had joint pain?

_____ Record Number of Years

Unrefreshing Sleep

C.7 During the **past month**, has unrefreshing sleep been a problem for you?

- ₁ Yes
- ₂ No → (Skip to C.8)

C.7a During the **past month**, how often have you had unrefreshing sleep?

- ₁ A little of the time
- ₂ Some of the time
- ₃ A good bit of the time
- ₄ Most of the time
- ₅ All of the time

C.7b During the **past month**, how much of a problem was unrefreshing sleep?

- ₁ Very mild
- ₂ Mild
- ₃ Moderate
- ₄ Severe
- ₅ Very severe

C.7c Prior to this **past month**, for how long had you had unrefreshing sleep?

- ₁ Less than 3 months → (Skip to C.8)
- ₂ 3 – 6 months → (Skip to C.8)
- ₃ 6 – 12 months → (Skip to C.8)
- ₄ More than 12 months



C.7d For how many **years** have you had unrefreshing sleep?

_____ Record Number of Years

Headaches

C.8 During the past month, have you had headaches?

- ₁ Yes
- ₂ No → (Skip to C.9)

C.8a During the past month, how often have you had headaches?

- ₁ A little of the time
- ₂ Some of the time
- ₃ A good bit of the time
- ₄ Most of the time
- ₅ All of the time

C.8b During the past month, how bad were your headaches?

- ₁ Very mild
- ₂ Mild
- ₃ Moderate
- ₄ Severe
- ₅ Very severe

C.8c Prior to this past month, for how long had you had headaches?

- ₁ Less than 3 months → (Skip to C.9)
- ₂ 3 – 6 months → (Skip to C.9)
- ₃ 6 – 12 months → (Skip to C.9)
- ₄ More than 12 months

→ **C.8d** For how many years have you headaches?

_____ Record Number of Years

Memory Problems

C.9 During the past month, have you had forgetfulness or memory problems that caused you to substantially cut back on your activities?

- ₁ Yes
- ₂ No → (Skip to C.10)

C.9a During the past month, how often have you had forgetfulness or memory problems?

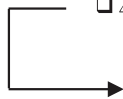
- ₁ A little of the time
- ₂ Some of the time
- ₃ A good bit of the time
- ₄ Most of the time
- ₅ All of the time

C.9b During the past month, how bad were your forgetfulness or memory problems?

- ₁ Very mild
- ₂ Mild
- ₃ Moderate
- ₄ Severe
- ₅ Very severe

C.9c Prior to this past month, for how long had you forgetfulness or memory problems?

- ₁ Less than 3 months → (Skip to C.10)
- ₂ 3 – 6 months → (Skip to C.10)
- ₃ 6 – 12 months → (Skip to C.10)
- ₄ More than 12 months



C.9d For how many years have you had forgetfulness or memory problems?

_____ Record Number of Years

Concentration

C.10 During the **past month**, have you had difficulty with thinking or concentrating that caused you to substantially cut back on your activities?

- ₁ Yes
- ₂ No → (Skip to C.11)

C.10a During the **past month**, how often have you had difficulty with thinking or concentrating?

- ₁ A little of the time
- ₂ Some of the time
- ₃ A good bit of the time
- ₄ Most of the time
- ₅ All of the time

C.10b During the **past month**, how bad was your difficulty with thinking or concentrating?

- ₁ Very mild
- ₂ Mild
- ₃ Moderate
- ₄ Severe
- ₅ Very severe

C.10c Prior to this **past month**, for how long had you had difficulty with thinking or concentrating?

- ₁ Less than 3 months → (Skip to C.11)
- ₂ 3 – 6 months → (Skip to C.11)
- ₃ 6 – 12 months → (Skip to C.11)
- ₄ More than 12 months



C.10d For how many **years** have you had difficulty with thinking or concentrating?

_____ Record Number of Years

Stomach or Abdominal Pain

C.11 During the past month, have you had stomach or abdominal pain?

- ₁ Yes
- ₂ No → (Skip to C.12)

C.11a During the past month, how often have you had stomach or abdominal pain?

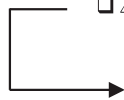
- ₁ A little of the time
- ₂ Some of the time
- ₃ A good bit of the time
- ₄ Most of the time
- ₅ All of the time

C.11b During the past month, how bad was your stomach or abdominal pain?

- ₁ Very mild
- ₂ Mild
- ₃ Moderate
- ₄ Severe
- ₅ Very severe

C.11c Prior to this past month, for how long had you had stomach or abdominal pain?

- ₁ Less than 3 months → (Skip to C.12)
- ₂ 3 – 6 months → (Skip to C.12)
- ₃ 6 – 12 months → (Skip to C.12)
- ₄ More than 12 months



C.11d For how many years have you had stomach or abdominal pain?

_____ Record Number of Years

Other Symptoms

C.12 During the past month, have any other symptoms in addition to those we have already asked about been part of your ill-health?

- ₁ Yes
₂ No → (Skip to C.13)

C.12a What other symptoms have been part of your ill-health during the past month?

Please specify the symptoms using the spaces below.

1. _____
2. _____
3. _____
4. _____
5. _____

Most Bothersome Symptom

C.13 Which of the following symptoms has bothered you the most during the past month?

Please check one box that describes that symptom that bothered you most during the past month.

- ₁ Fatigue, tiredness, or exhaustion
₂ Sore throat
₃ Tender lymph nodes or swollen glands in your neck or armpits
₄ Unusual fatigue for at least one day after exertion
₅ Muscle aches or pains
₆ Joint pain
₇ Unrefreshing sleep
₈ Headaches
₉ Forgetfulness or memory problems
₁₀ Difficulty thinking or concentrating
₁₁ Stomach or abdominal pains
₁₂ Another symptom (Please specify: _____)