

# 11c

## Multi-Site Clinical Assessment of Chronic Fatigue Syndrome

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### CDC Symptom Inventory

Subject ID Number: \_\_\_\_\_

**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?

- <sub>1</sub> Yes
- <sub>2</sub> No → (Skip to C.1f)

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

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

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

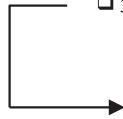
- <sub>1</sub> Very mild
- <sub>2</sub> Mild
- <sub>3</sub> Moderate
- <sub>4</sub> Severe
- <sub>5</sub> Very severe

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

<sub>1</sub> Less than 6 months → (Skip to C.1e)

<sub>2</sub> 6 – 12 months → (Skip to C.1e)

<sub>3</sub> 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?

<sub>1</sub> Yes

<sub>2</sub> No

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

<sub>1</sub> Yes

<sub>2</sub> 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?

<sub>1</sub> All of sudden

<sub>2</sub> Slowly over time

<sub>6</sub> Not applicable

<sub>8</sub> Don't know

**Sore Throat**

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

- <sub>1</sub> Yes
- <sub>2</sub> No → (Skip to C.3)

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

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

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

- <sub>1</sub> Very mild
- <sub>2</sub> Mild
- <sub>3</sub> Moderate
- <sub>4</sub> Severe
- <sub>5</sub> Very severe

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

- <sub>1</sub> Less than 6 months → (Skip to C.3)
- <sub>2</sub> 6 – 12 months → (Skip to C.3)
- <sub>3</sub> 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?

- <sub>1</sub> Yes
- <sub>2</sub> No → (Skip to C.4)

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

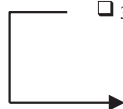
- <sub>1</sub> A little of the time
- <sub>2</sub> Some of the time
- <sub>3</sub> A good bit of the time
- <sub>4</sub> Most of the time
- <sub>5</sub> All of the time

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

- <sub>1</sub> Very mild
- <sub>2</sub> Mild
- <sub>3</sub> Moderate
- <sub>4</sub> Severe
- <sub>5</sub> Very severe

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

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



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

\_\_\_\_\_ Record Number of Years

## **Diarrhea**

**C.4 During the past month, have you had diarrhea?**

- <sub>1</sub> Yes
- <sub>2</sub> No → (Skip to C.5)

**C.4a During the past month, how often have you had diarrhea?**

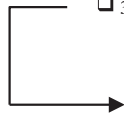
- <sub>1</sub> A little of the time
- <sub>2</sub> Some of the time
- <sub>3</sub> A good bit of the time
- <sub>4</sub> Most of the time
- <sub>5</sub> All of the time

**C.4b During the past month, how bad was your diarrhea?**

- <sub>1</sub> Very mild
- <sub>2</sub> Mild
- <sub>3</sub> Moderate
- <sub>4</sub> Severe
- <sub>5</sub> Very severe

**C.4c Prior to this past month, for how long had you had diarrhea?**

- <sub>1</sub> Less than 6 months → (Skip to C.5)
- <sub>2</sub> 6 – 12 months → (Skip to C.5)
- <sub>3</sub> More than 12 months



**C.4d For how many years have you had diarrhea?**

\_\_\_\_\_ Record Number of Years

## **Fatigue After Exertion**

**C.5** During the **past month**, have you been unusually fatigued or unwell for at least one day after exerting yourself in any way?

- <sub>1</sub> Yes  
<sub>2</sub> No → (Skip to C.6)

**C.5a** During the **past month**, how often have you had unusual fatigue after exertion?

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

**C.5b** During the **past month**, how bad was your unusual fatigue after exertion?

- <sub>1</sub> Very mild  
<sub>2</sub> Mild  
<sub>3</sub> Moderate  
<sub>4</sub> Severe  
<sub>5</sub> Very severe

**C.5c** Prior to this **past month**, for how long had you had unusual fatigue after exertion?

- <sub>1</sub> Less than 6 months → (Skip to C.6)  
<sub>2</sub> 6 – 12 months → (Skip to C.6)  
<sub>3</sub> More than 12 months



**C.5d** For how many **years** have you had unusual fatigue after exertion?

\_\_\_\_\_ Record Number of Years

**Muscle Aches and Pains**

**C.6** During the past month, have you had muscle aches or muscle pain?

- <sub>1</sub> Yes
- <sub>2</sub> No → (Skip to C.7)

**C.6a** During the past month, how often have you had muscle aches or muscle pains?

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

**C.6b** During the past month, how bad were your muscle aches or muscle pains?

- <sub>1</sub> Very mild
- <sub>2</sub> Mild
- <sub>3</sub> Moderate
- <sub>4</sub> Severe
- <sub>5</sub> Very severe

**C.6c** Prior to this past month, for how long have you had muscle aches or muscle pains?

- <sub>1</sub> Less than 6 months → (Skip to C.7)
- <sub>2</sub> 6 – 12 months → (Skip to C.7)
- <sub>3</sub> More than 12 months

→ **C.6d** For how many years have you had muscle aches or muscle pains?

\_\_\_\_\_ Record Number of Years



**Joint Pain**

**C.7 During the past month, have you had pain in several joints?**

- <sub>1</sub> Yes
- <sub>2</sub> No  $\longrightarrow$  (Skip to C.8)

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

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

**C.7b During the past month, how bad was the joint pain?**

- <sub>1</sub> Very mild
- <sub>2</sub> Mild
- <sub>3</sub> Moderate
- <sub>4</sub> Severe
- <sub>5</sub> Very severe

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

- <sub>1</sub> Less than 6 months  $\longrightarrow$  (Skip to C.8)
- <sub>2</sub> 6 – 12 months  $\longrightarrow$  (Skip to C.8)
- <sub>3</sub> More than 12 months

$\longleftarrow$  **C.7d For how many years have you had joint pain?**

\_\_\_\_\_ Record Number of Years

**Fever**

**C.8 During the past month, have you had a fever?**

- <sub>1</sub> Yes
- <sub>2</sub> No  $\longrightarrow$  (Skip to C.9)

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

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

**C.8b During the past month, how bad was your fever?**

- <sub>1</sub> Very mild
- <sub>2</sub> Mild
- <sub>3</sub> Moderate
- <sub>4</sub> Severe
- <sub>5</sub> Very severe

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

- <sub>1</sub> Less than 6 months  $\longrightarrow$  (Skip to C.9)
- <sub>2</sub> 6 – 12 months  $\longrightarrow$  (Skip to C.9)
- <sub>3</sub> More than 12 months

$\longleftarrow$  **C.8d For how many years have you had a fever?**

\_\_\_\_\_ Record Number of Years

## Chills

**C.9** During the past month, have you had chills?

- <sub>1</sub> Yes  
<sub>2</sub> No → (Skip to C.10)

**C.9a** During the past month, how often have you had chills?

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

**C.9b** During the past month, how bad were your chills?

- <sub>1</sub> Very mild  
<sub>2</sub> Mild  
<sub>3</sub> Moderate  
<sub>4</sub> Severe  
<sub>5</sub> Very severe

**C.9c** Prior to this past month, for how long had you had chills?

- <sub>1</sub> Less than 6 months → (Skip to C.10)  
<sub>2</sub> 6 – 12 months → (Skip to C.10)  
<sub>3</sub> More than 12 months

→ **C.9d** For how many years have you had chills?

\_\_\_\_\_ Record Number of Years

## **Unrefreshing Sleep**

**C.10** During the past month, has unrefreshing sleep been a problem for you?

- <sub>1</sub> Yes  
<sub>2</sub> No → (Skip to C.11)

**C.10a** During the past month, how often have you had unrefreshing sleep?

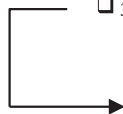
- <sub>1</sub> A little of the time  
<sub>2</sub> Some of the time  
<sub>3</sub> A good bit of the time  
<sub>4</sub> Most of the time  
<sub>5</sub> All of the time

**C.10b** During the past month, how much of a problem was unrefreshing sleep?

- <sub>1</sub> Very mild  
<sub>2</sub> Mild  
<sub>3</sub> Moderate  
<sub>4</sub> Severe  
<sub>5</sub> Very severe

**C.10c** Prior to this past month, for how long had you had unrefreshing sleep?

- <sub>1</sub> Less than 6 months → (Skip to C.11)  
<sub>2</sub> 6 – 12 months → (Skip to C.11)  
<sub>3</sub> More than 12 months



**C.10d** For how many years have you had unrefreshing sleep?

\_\_\_\_\_ Record Number of Years

**Sleeping Problems**

**C.11** During the past month, have you had problems getting to sleep, sleeping through the night, or waking up on time?

- <sub>1</sub> Yes
- <sub>2</sub> No → (Skip to C.12)

**C.11a** During the past month, how often have you had sleeping problems?

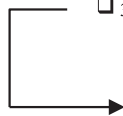
- <sub>1</sub> A little of the time
- <sub>2</sub> Some of the time
- <sub>3</sub> A good bit of the time
- <sub>4</sub> Most of the time
- <sub>5</sub> All of the time

**C.11b** During the past month, how bad were these sleeping problems?

- <sub>1</sub> Very mild
- <sub>2</sub> Mild
- <sub>3</sub> Moderate
- <sub>4</sub> Severe
- <sub>5</sub> Very severe

**C.11c** Prior to this past month, for how long had you had sleeping problems?

- <sub>1</sub> Less than 6 months → (Skip to C.12)
- <sub>2</sub> 6 – 12 months → (Skip to C.12)
- <sub>3</sub> More than 12 months



**C.11d** For how many years have you had sleeping problems?

\_\_\_\_\_ Record Number of Years

## **Headaches**

**C.12** During the past month, have you had headaches?

- <sub>1</sub> Yes
- <sub>2</sub> No → (Skip to C.13)

**C.12a** During the past month, how often have you had headaches?

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

**C.12b** During the past month, how bad were your headaches?

- <sub>1</sub> Very mild
- <sub>2</sub> Mild
- <sub>3</sub> Moderate
- <sub>4</sub> Severe
- <sub>5</sub> Very severe

**C.12c** Prior to this past month, for how long had you had headaches?

- <sub>1</sub> Less than 6 months → (Skip to C.13)
- <sub>2</sub> 6 – 12 months → (Skip to C.13)
- <sub>3</sub> More than 12 months

→ **C.12d** For how many years have you headaches?

\_\_\_\_\_ Record Number of Years

**Memory Problems**

**C.13 During the past month, have you had forgetfulness or memory problems that caused you to substantially cut back on your activities?**

- <sub>1</sub> Yes
- <sub>2</sub> No → (Skip to C.14)

**C.13a During the past month, how often have you had forgetfulness or memory problems?**

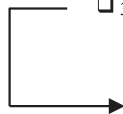
- <sub>1</sub> A little of the time
- <sub>2</sub> Some of the time
- <sub>3</sub> A good bit of the time
- <sub>4</sub> Most of the time
- <sub>5</sub> All of the time

**C.13b During the past month, how bad were your forgetfulness or memory problems?**

- <sub>1</sub> Very mild
- <sub>2</sub> Mild
- <sub>3</sub> Moderate
- <sub>4</sub> Severe
- <sub>5</sub> Very severe

**C.13c Prior to this past month, for how long had you forgetfulness or memory problems?**

- <sub>1</sub> Less than 6 months → (Skip to C.14)
- <sub>2</sub> 6 – 12 months → (Skip to C.14)
- <sub>3</sub> More than 12 months



**C.13d For how many years have you had forgetfulness or memory problems?**

\_\_\_\_\_ Record Number of Years

**Concentration**

**C.14** During the past month, have you had difficulty with thinking or concentrating that caused you to substantially cut back on your activities?

- <sub>1</sub> Yes
- <sub>2</sub> No → (Skip to C.15)

**C.14a** During the past month, how often have you had difficulty with thinking or concentrating?

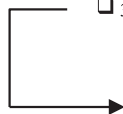
- <sub>1</sub> A little of the time
- <sub>2</sub> Some of the time
- <sub>3</sub> A good bit of the time
- <sub>4</sub> Most of the time
- <sub>5</sub> All of the time

**C.14b** During the past month, how bad was your difficulty with thinking or concentrating?

- <sub>1</sub> Very mild
- <sub>2</sub> Mild
- <sub>3</sub> Moderate
- <sub>4</sub> Severe
- <sub>5</sub> Very severe

**C.14c** Prior to this past month, for how long had you had difficulty with thinking or concentrating?

- <sub>1</sub> Less than 6 months → (Skip to C.15)
- <sub>2</sub> 6 – 12 months → (Skip to C.15)
- <sub>3</sub> More than 12 months



**C.14d** For how many years have you had difficulty with thinking or concentrating?

\_\_\_\_\_ Record Number of Years



**Nausea**

**C.15 During the past month, have you had nausea?**

- <sub>1</sub> Yes
- <sub>2</sub> No  **(Skip to C.16)**



**C.15a During the past month, how often have you had nausea?**


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

**C.15b During the past month, how bad was the nausea?**

- <sub>1</sub> Very mild
- <sub>2</sub> Mild
- <sub>3</sub> Moderate
- <sub>4</sub> Severe
- <sub>5</sub> Very severe

**C.15c Prior to this past month, for how long had you had nausea?**

- <sub>1</sub> Less than 6 months  **(Skip to C.16)**
- <sub>2</sub> 6 – 12 months  **(Skip to C.16)**
- <sub>3</sub> More than 12 months

 **C.15d For how many years have you had nausea?**

\_\_\_\_\_ Record Number of Years

**Stomach or Abdominal Pain**

**C.16** During the past month, have you had stomach or abdominal pain?

- <sub>1</sub> Yes
- <sub>2</sub> No → (Skip to C.17)

**C.16a** During the past month, how often have you had stomach or abdominal pain?

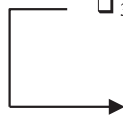
- <sub>1</sub> A little of the time
- <sub>2</sub> Some of the time
- <sub>3</sub> A good bit of the time
- <sub>4</sub> Most of the time
- <sub>5</sub> All of the time

**C.16b** During the past month, how bad was your stomach or abdominal pain?

- <sub>1</sub> Very mild
- <sub>2</sub> Mild
- <sub>3</sub> Moderate
- <sub>4</sub> Severe
- <sub>5</sub> Very severe

**C.16c** Prior to this past month, for how long had you had stomach or abdominal pain?

- <sub>1</sub> Less than 6 months → (Skip to C.17)
- <sub>2</sub> 6 – 12 months → (Skip to C.17)
- <sub>3</sub> More than 12 months



**C.16d** For how many years have you had stomach or abdominal pain?

\_\_\_\_\_ Record Number of Years

**Sinus or Nasal Problems**

**C.17** During the past month, have you had sinus or nasal symptoms?

- <sub>1</sub> Yes
- <sub>2</sub> No → (Skip to C.18)

**C.17a** During the past month, how often have you had sinus or nasal symptoms?

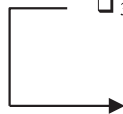
- <sub>1</sub> A little of the time
- <sub>2</sub> Some of the time
- <sub>3</sub> A good bit of the time
- <sub>4</sub> Most of the time
- <sub>5</sub> All of the time

**C.17b** During the past month, how bad were your sinus or nasal symptoms?

- <sub>1</sub> Very mild
- <sub>2</sub> Mild
- <sub>3</sub> Moderate
- <sub>4</sub> Severe
- <sub>5</sub> Very severe

**C.17c** Prior to this past month, for how long had you had sinus or nasal symptoms?

- <sub>1</sub> Less than 6 months → (Skip to C.18)
- <sub>2</sub> 6 – 12 months → (Skip to C.18)
- <sub>3</sub> More than 12 months



**C.17d** For how many years have you had sinus or nasal symptoms?

\_\_\_\_\_ Record Number of Years

**Shortness of Breath**

**C.18** During the past month, have you had shortness of breath?

- <sub>1</sub> Yes
- <sub>2</sub> No → (Skip to C.19)

**C.18a** During the past month, how often have you had shortness of breath?

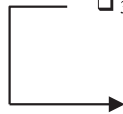
- <sub>1</sub> A little of the time
- <sub>2</sub> Some of the time
- <sub>3</sub> A good bit of the time
- <sub>4</sub> Most of the time
- <sub>5</sub> All of the time

**C.18b** During the past month, how bad was your shortness of breath?

- <sub>1</sub> Very mild
- <sub>2</sub> Mild
- <sub>3</sub> Moderate
- <sub>4</sub> Severe
- <sub>5</sub> Very severe

**C.18c** Prior to this past month, for how long had you had shortness of breath?

- <sub>1</sub> Less than 6 months → (Skip to C.19)
- <sub>2</sub> 6 – 12 months → (Skip to C.19)
- <sub>3</sub> More than 12 months



**C.18d** For how many years have you had shortness of breath?

\_\_\_\_\_ Record Number of Years

**Sensitivity to Light**

**C.19 During the past month, have your eyes been sensitive to light?**

- <sub>1</sub> Yes
- <sub>2</sub> No → (Skip to C.20)

**C.19a During the past month, how often have you been sensitive to light?**

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

**C.19b During the past month, how bad was your sensitivity to light?**

- <sub>1</sub> Very mild
- <sub>2</sub> Mild
- <sub>3</sub> Moderate
- <sub>4</sub> Severe
- <sub>5</sub> Very severe

**C.19c Prior to this past month, for how long have you been sensitive to light?**

- <sub>1</sub> Less than 6 months → (Skip to C.20)
- <sub>2</sub> 6 – 12 months → (Skip to C.20)
- <sub>3</sub> More than 12 months



**C.19d For how many years have you been sensitive to light?**

\_\_\_\_\_ Record Number of Years

**Depression**

**C.20 During the past month, have you been depressed?**

- <sub>1</sub> Yes
- <sub>2</sub> No → (Skip to C.21)

**C.20a During the past month, how often have you been depressed?**

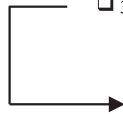
- <sub>1</sub> A little of the time
- <sub>2</sub> Some of the time
- <sub>3</sub> A good bit of the time
- <sub>4</sub> Most of the time
- <sub>5</sub> All of the time

**C.20b During the past month, how bad was the depression?**

- <sub>1</sub> Very mild
- <sub>2</sub> Mild
- <sub>3</sub> Moderate
- <sub>4</sub> Severe
- <sub>5</sub> Very severe

**C.20c Prior to this past month, for how long had you been depressed?**

- <sub>1</sub> Less than 6 months → (Skip to C.21)
- <sub>2</sub> 6 – 12 months → (Skip to C.21)
- <sub>3</sub> More than 12 months



**C.20d For how many years have you had problems with depression?**

\_\_\_\_\_ Record Number of Years

**Other Symptoms**

**C.21** During the past month, have you experienced any other symptoms in addition to those we have already asked about?

- <sub>1</sub> Yes
- <sub>2</sub> No —→ (Skip to C.22)

**C.21a** What other symptoms have you experienced during the past month?

Please specify the symptoms using the spaces below.

- 1. \_\_\_\_\_
- 2. \_\_\_\_\_
- 3. \_\_\_\_\_
- 4. \_\_\_\_\_
- 5. \_\_\_\_\_

**C.22 Which of the following symptoms has bothered you the most during the past month?**

Please **check only 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 Diarrhea
- 5 Unusual fatigue for at least one day after exertion
- 6 Muscle aches or pains
- 7 Joint pain
- 8 Fever
- 9 Chills
- 10 Unrefreshing sleep
- 11 Sleeping problems
- 12 Headaches
- 13 Forgetfulness or memory problems
- 14 Difficulty thinking or concentrating
- 15 Nausea
- 16 Stomach or abdominal pains
- 17 Sinus or nasal symptoms
- 18 Shortness of breath
- 19 Eye sensitivity to light
- 20 Depression
- 21 Another symptom (Please specify: \_\_\_\_\_)
- 22 Not applicable; I have not had any symptoms