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Multi-Site Clinical Assessment of Chronic Fatigue Syndrome

Orthostatic Grading Scale (OGS)

Subject ID Number: _____

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

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OGS

Some patients tell us they feel worse when they are standing. For them, standing can worsen fatigue, pain or malaise or produce a feeling of light headedness or faintness. In the next questionnaire, we will ask you about these orthostatic symptoms. For each of the following 5 questions check the box that best indicates the frequency, severity, and impact of your orthostatic symptoms.

1. Frequency of orthostatic symptoms

0	I <i>never</i> or rarely experience orthostatic symptoms when I stand up
1	I <i>sometimes</i> experience orthostatic symptoms when I stand up
2	I <i>often</i> experience orthostatic symptoms when I stand up
3	I <i>usually</i> experience orthostatic symptoms when I stand up
4	I <i>always</i> experience orthostatic symptoms when I stand up

2. Severity of orthostatic symptoms

0	I <i>do not</i> experience orthostatic symptoms when I stand up
1	I experience <i>mild</i> orthostatic symptoms when I stand up
2	I experience <i>moderate</i> orthostatic symptoms when I stand up and <i>sometimes</i> have to sit back down for relief
3	I experience <i>severe</i> orthostatic symptoms when I stand up and <i>frequently</i> have to sit back down for relief
4	I experience <i>severe</i> orthostatic symptoms when I stand up and <i>regularly faint</i> if I do not sit back down

3. Conditions under which orthostatic symptoms occur

0	I <i>never or rarely</i> experience orthostatic symptoms under any circumstances
1	I <i>sometimes</i> experience orthostatic symptoms under certain conditions, such as prolonged standing, a meal, exertion (e.g., walking) or when exposed to heat (e.g. hot day, hot batch, hot shower)
2	I <i>often</i> experience orthostatic symptoms under certain conditions, such as prolonged standing, a meal, exertion (e.g., walking), or when exposed to heat (e.g., hot day, hot bath, hot shower)
3	I <i>usually</i> experience orthostatic symptoms under certain conditions, such as prolonged standing, a meal, exertion (e.g., walking), or when exposed to heat (e.g., hot day, hot bath, hot shower)
4	I <i>always</i> experience orthostatic symptoms when I stand up; the specific conditions do not matter

4. Activities of daily living

0	My orthostatic symptoms <i>do not interfere</i> with activities of daily living (e.g. work, chores, dressing, bathing)
1	My orthostatic symptoms <i>mildly interfere</i> with activities of daily living (e.g. work, chores, dressing, bathing)
2	My orthostatic symptoms <i>moderately interfere</i> with activities of daily living (e.g. work, chores, dressing, bathing)
3	My orthostatic symptoms <i>severely interfere</i> with activities of daily living (e.g. work, chores, dressing, bathing)
4	My orthostatic symptoms <i>severely interfere</i> with activities of daily living (e.g. work, chores, dressing, bathing). <i>I am bed or wheelchair bound because of my symptoms</i>

5. Standing time

0	On most occasions, I can stand as long as necessary without experiencing orthostatic symptoms
1	On most occasions, I can stand <i>more than 15 minutes</i> before experiencing orthostatic symptoms
2	On most occasions, I can stand <i>5-14 minutes</i> before experiencing orthostatic symptoms
3	On most occasions, I can stand <i>1-4 minutes</i> before experiencing orthostatic symptoms
4	On most occasions, I can stand <i>less than 1 minute</i> before experiencing orthostatic symptoms

THIS IS THE END OF THE SURVEY