

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

Date (MM/DD/YY): \_\_\_/\_\_\_/\_\_\_\_\_

Time (HH:MM): \_\_\_/\_\_\_ am/pm

**Visual Analogue Scale (VAS) for CFS Symptoms #1: Administered on the day of the clinic visit  
(before the baseline of the cognition testing)**

DIRECTIONS: You are asked to place an “X” through these lines to indicate how you are feeling RIGHT NOW. The left end of the line represents feeling good (experiencing no symptoms), while the right end of the line represents feeling your worst (experiencing your most severe symptoms).

PLEASE PLACE “X” THROUGH THE LINE FOR THE FOLLOWING SYMPTOMS.

	NOT AT ALL	MOST EXTREME
Physical Fatigue	_____	_____
Mental Fatigue or Mental Fog	_____	_____
Muscle Aches	_____	_____
Joint Aches	_____	_____
Headache	_____	_____
Muscle Weakness	_____	_____
Light Headedness	_____	_____

Public reporting burden of this collection of information is estimated to average 8 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB Control Number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to CDC/ATSDR Reports Clearance Officer, 1600 Clifton Road NE, MS D-74, Atlanta, Georgia 30333; ATTN: PRA 0920-XXXX

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

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Time (HH:MM): \_\_\_/\_\_\_ am/pm

**Visual Analogue Scale (VAS) for CFS Symptoms #2: Administered before bedtime  
(~6-12 hours after the admission)**

DIRECTIONS: You are asked to place an “X” through these lines to indicate how you are feeling RIGHT NOW. The left end of the line represents feeling good (experiencing no symptoms), while the right end of the line represents feeling your worst (experiencing your most severe symptoms).

PLEASE PLACE “X” THROUGH THE LINE FOR THE FOLLOWING SYMPTOMS.

	NOT AT ALL	MOST EXTREME
Physical Fatigue	_____	_____
Mental Fatigue or Mental Fog	_____	_____
Muscle Aches	_____	_____
Joint Aches	_____	_____
Headache	_____	_____
Muscle Weakness	_____	_____
Light Headedness	_____	_____
	_____	_____

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**Visual Analogue Scale (VAS) for CFS Symptoms #3: 24 hours after the admission to this study**

DIRECTIONS: You are asked to place an “X” through these lines to indicate how you are feeling RIGHT NOW. The left end of the line represents feeling good (experiencing no symptoms), while the right end of the line represents feeling your worst (experiencing your most severe symptoms).

**PLEASE PLACE “X” THROUGH THE LINE FOR THE FOLLOWING SYMPTOMS.**

	NOT AT ALL	MOST EXTREME
Physical Fatigue	_____	_____
Mental Fatigue or Mental Fog	_____	_____
Muscle Aches	_____	_____
Joint Aches	_____	_____
Headache	_____	_____
Muscle Weakness	_____	_____
Light Headedness	_____	_____
	_____	_____

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**Visual Analogue Scale (VAS) for CFS Symptoms #4: 48 hours after the admission**

DIRECTIONS: You are asked to place an “X” through these lines to indicate how you are feeling RIGHT NOW. The left end of the line represents feeling good (experiencing no symptoms), while the right end of the line represents feeling your worst (experiencing your most severe symptoms).

PLEASE PLACE “X” THROUGH THE LINE FOR THE FOLLOWING SYMPTOMS.

	NOT AT ALL	MOST EXTREME
Physical Fatigue	_____	_____
Mental Fatigue or Mental Fog	_____	_____
Muscle Aches	_____	_____
Joint Aches	_____	_____
Headache	_____	_____
Muscle Weakness	_____	_____
Light Headedness	_____	_____
	_____	_____

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Time (HH:MM): \_\_\_/\_\_\_ am/pm

**Visual Analogue Scale (VAS) for CFS Symptoms #5: Administered on the 4th-day after the clinic visit**

**(~96 hours after the admission to this study)**

DIRECTIONS: You are asked to place an “X” through these lines to indicate how you are feeling RIGHT NOW. The left end of the line represents feeling good (experiencing no symptoms), while the right end of the line represents feeling your worst (experiencing your most severe symptoms).

**PLEASE PLACE “X” THROUGH THE LINE FOR THE FOLLOWING SYMPTOMS.**

	<b>NOT AT ALL</b>	<b>MOST EXTREME</b>
<b>Physical Fatigue</b>	_____	_____
<b>Mental Fatigue or Mental Fog</b>	_____	_____
<b>Muscle Aches</b>	_____	_____
<b>Joint Aches</b>	_____	_____
<b>Headache</b>	_____	_____
<b>Muscle Weakness</b>	_____	_____
<b>Light Headedness</b>	_____	_____
	_____	_____