



The Carousel Network

**Chronic Neuroimmune Disease
Information and Support for Sonoma County**
122 Calistoga Road #216
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**Katrina Berne, Ph.D.
CFS/FM Symptom Checklist**

A comprehensive list of symptoms commonly experienced by those with diagnosed with Chronic Fatigue Syndrome and/or Fibromyalgia. Symptoms may be rated on a scale to indicate intensity. This form is a useful inventory when completed several times a year to monitor changes in symptoms. Copies of the completed checklists may be given to your physician to be included in your medical file.

For more information, visit Dr. Berne's website, www.LivingWithIllness.com.

The Carousel Network (TCN) offers information on the various diseases and disorders associated with chronic neuroimmune diseases, such as chronic fatigue syndrome, fibromyalgia, multiple chemical sensitivity, autoimmune thyroid disease, etc. The information is intended to help patients and caregivers make informed decisions about the patient's health, diagnostic testing, and treatment in conjunction with their health care practitioners. TCN does not diagnose patients nor recommend specific medical or palliative treatments.

**The Carousel Network is a 501(c)3 nonprofit supported by memberships and donations.
Membership is \$20/year; make checks payable to The Carousel Network, POB 366, Fulton CA 95439-0366.**

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CHRONIC FATIGUE SYNDROME/FIBROMYALGIA SYMPTOM CHECKLIST

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Please indicate on a scale of 1 to 10, with 10 being the most severe, the severity of each symptom you experience (using the past month as a general guide). If you do not have the symptom, leave the space blank. (142 items)

GENERAL (24 items)

- Fatigue, made worse by physical exertion or stress
- Activity level decreased to less than 50% of pre-illness activity level
- Recurrent flu-like illness
- Sore throat
- Hoarseness
- Tender or swollen lymph nodes (glands), especially in neck and underarms
- Shortness of breath (air hunger) with little or no exertion
- Frequent sighing
- Tremor or trembling
- Severe nasal allergies (new allergies or worsening of previous allergies)
- Cough
- Night sweats
- Low-grade fevers
- Feeling cold often
- Feeling hot often
- Cold extremities (hands and feet)
- Low body temperature (below 97.6)
- Low blood pressure (below 110/70)
- Heart palpitations
- Dryness of eyes and/or mouth
- Increased thirst
- Symptoms worsened by temperature changes
- Symptoms worsened by air travel
- Symptoms worsened by stress

PAIN (9 items)

- Headache
- Tender points or trigger points
- Muscle pain
- Muscle twitching
- Muscle weakness
- Paralysis or severe weakness of an arm or leg
- Joint pain
- TMJ syndrome
- Chest pain

GENERAL NEUROLOGICAL (11 items)

- Lightheadedness; feeling "spaced out"
- Inability to think clearly ("brain fog")
- Seizures
- Seizure-like episodes
- Syncope (fainting) or blackouts
- Sensation that you might faint
- Vertigo or dizziness
- Numbness or tingling sensations

- Tinnitus (ringing in one or both ears)
- Photophobia (sensitivity to light)
- Noise intolerance

EQUILIBRIUM/PERCEPTION (6 items)

- Feeling spatially disoriented
- Dysequilibrium (balance difficulty)
- Staggering gait (clumsy walking; bumping into things)
- Dropping things frequently
- Difficulty judging distances (e.g. when driving; placing objects on surfaces)
- "Not quite seeing" what you are looking at

SLEEP (6 items)

- Hypersomnia (excessive sleeping)
- Sleep disturbance: unrefreshing or non-restorative sleep
- Sleep disturbance: difficulty falling asleep
- Sleep disturbance: difficulty staying asleep (frequent awakenings)
- Sleep disturbance: vivid or disturbing dreams or nightmares
- Altered sleep/wake schedule (alertness/energy best late at night)

MOOD/EMOTIONS (16 items)

- Depressed mood
- Suicidal thoughts
- Suicide attempts
- Feeling worthless
- Frequent crying
- Feeling helpless and/or hopeless
- Inability to enjoy previously enjoyed activities
- Increased appetite
- Decreased appetite
- Anxiety or fear when there is no obvious cause
- Panic attacks
- Irritability; overreaction
- Rage attacks: anger outbursts with little or no cause
- Abrupt, unpredictable mood swings
- Phobias (irrational fears)
- Personality changes

EYES AND VISION (4 items)

- Eye pain
- Changes in visual acuity (frequent changes in ability to see well)
- Difficulty with accommodation (switching focus from one thing to another)
- Blind spots in vision

SENSITIVITIES (5 items)

- Sensitivities to medications (unable to tolerate "normal" dosage)
- Sensitivities to odors (e.g., cleaning products, exhaust fumes, colognes, hair sprays)
- Sensitivities to foods
- Alcohol intolerance
- Alteration of taste, smell, and/or hearing

UROGENITAL (7 items)

- Frequent urination
- Painful urination or bladder pain
- Prostate pain
- Impotence
- Endometriosis
- Worsening of premenstrual syndrome (PMS)
- Decreased libido (sex drive)

GASTROINTESTINAL (12 items)

- Stomach ache; abdominal cramps
- Nausea
- Vomiting
- Esophageal reflux (heartburn)
- Frequent diarrhea
- Frequent constipation
- Bloating; intestinal gas
- Decreased appetite
- Increased appetite
- Food cravings
- Weight gain (____ lbs)
- Weight loss (____ lbs)

SKIN (2 items)

- Rashes or sores
- Eczema or psoriasis

OTHER (6 items)

- Hair loss
- Mitral valve prolapse
- Cancer
- Dental problems
- Periodontal (gum) disease
- Aphthous ulcers (canker sores)

COGNITIVE (34 items)

- Difficulty with simple calculations (e.g., balancing checkbook)
- Word-finding difficulty
- Using the wrong word
- Difficulty expressing ideas in words
- Difficulty moving your mouth to speak
- Slowed speech
- Stuttering; stammering
- Impaired ability to concentrate
- Easily distracted during a task
- Difficulty paying attention
- Difficulty following a conversation when background noise is present
- Losing your train of thought in the middle of a sentence
- Difficulty putting tasks or things in proper sequence
- Losing track in the middle of a task (remembering what to do next)
- Difficulty with short-term memory
- Difficulty with long-term memory
- Forgetting how to do routine things
- Difficulty understanding what you read

- _____ Switching left and right
- _____ Transposition (reversal) of numbers, words and/or letters when you speak
- _____ Transposition (reversal) of numbers, words and/or letters when you write
- _____ Difficulty remembering names of objects
- _____ Difficulty remembering names of people
- _____ Difficulty recognizing faces
- _____ Difficulty following simple written instructions
- _____ Difficulty following complicated written instructions
- _____ Difficulty following simple oral (spoken) instructions
- _____ Difficulty following complicated oral (spoken) instructions
- _____ Poor judgment
- _____ Difficulty making decisions
- _____ Difficulty following directions while driving
- _____ Becoming lost in familiar locations when driving
- _____ Feeling too disoriented to drive
- _____ Difficulty integrating information (putting ideas together to form a complete picture or concept)

Notes/Comments:

Patient: _____

Date: _____