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**Chronic Fatigue Syndrome Examination**  
*Comprehensive Version*

Name:

SSN:

Date of Exam:

C-number:

Place of Exam:

**Narrative:** Chronic fatigue syndrome (CFS) is an illness characterized by debilitating fatigue and several flu-like symptoms. It may have both physical and psychiatric manifestations and closely resembles neurasthenia, neurocirculatory asthenia, fibrositis, or fibromyalgia.

**For VA purposes, a diagnosis of CFS must meet both of the following criteria:**

1. New onset of debilitating fatigue that is severe enough to reduce or impair average daily activity below 50 percent of the patient's pre-illness activity level for a period of 6 months, and;
2. Other clinical conditions that may produce similar symptoms must be excluded by thorough evaluation, based on history, physical examination, and appropriate laboratory tests.

**It must also meet six or more of the following ten criteria:**

Describe in detail:

1. Acute onset of the condition.
2. Low grade fever.
3. Nonexudative pharyngitis.
4. Palpable or tender cervical or axillary lymph nodes.
5. Generalized muscle aches or weakness.
6. Fatigue lasting 24 hours or longer after exercise.
7. Headaches (of a type, severity or pattern that is different from headaches in the premorbid state.)
8. Migratory joint pains.
9. Neuropsychologic symptoms.
10. Sleep disturbance.

**A. Review of Medical Records:**

Comment on:

1. Date diagnosis established.
2. Does it meet the requirements outlined above?

3. History of hospitalizations or surgery, reason or type of surgery, location and dates, if known.

**B. Medical History (Subjective Complaints):**

Comment on:

1. Estimate the percentage of restriction of routine daily activities, including employment if applicable, due to CFS. State the duration (in months) of this level of restriction and give specific examples of activities that are restricted.
2. State whether there is debilitating fatigue, whether it is constant or nearly so, or if it waxes and wanes. Does fatigue last 24 hours or longer after exercise?
3. State the total number of days of incapacitating episodes (defined as requiring bed rest and treatment by a physician) due to CFS during the past 12-month period.
4. Describe symptoms of cognitive impairment, such as inability to concentrate, forgetfulness, and confusion, and state their frequency and whether they are constant or nearly so, or if they wax and wane.
5. Describe other current symptoms, such as headaches, sleep disturbance, fever, sore throat, generalized muscle aches or weakness, migratory joint pains, or other neuropsychologic symptoms, and state their frequency and whether they are constant or nearly so, or if they wax and wane. If headaches are present, are they of a type, severity, or pattern that is different from headaches in the premorbid state?
6. Does the patient require continuous medication for CFS?

**C. Physical Examination (Objective Findings):**

1. General appearance.
2. Describe evidence of pharyngitis and enlargement or tenderness of cervical or axillary lymph nodes.
3. Describe other significant abnormal physical findings.

**D. Diagnostic and Clinical Tests:**

Include results of all diagnostic and clinical tests conducted in the examination report.

**E. Diagnosis:**

Signature:

Date: