

Table 2

Questionnaire on Fatigue (after Carruthers et al. (2003)).

QUESTIONNAIRE ON FATIGUE	
Patient	
First name, Family name	
Date of birth	
Examination date	
Please tick the complaint appropriate for your situation (multiple answers are possible)	
Assumed start of the complaints	
1. Exhaustion/Fatigue and Worsening of Condition after Exercise	
<input type="checkbox"/>	I feel marked, newly-occurring, inexplicable, persistent physical or mental exhaustion which causes considerable reduction of my activity level
<input type="checkbox"/>	I feel exhaustion and/or worsening of the serious feeling of sickness and/or pains after exercise with a prolonged recovery phase (usually more than 24 hours, possibly lasting days)
<input type="checkbox"/>	The complaints can get worse due to any type of physical or mental exertion or stress.
2. Insomnia	
<input type="checkbox"/>	Trouble falling asleep
<input type="checkbox"/>	Trouble sleeping through the night
<input type="checkbox"/>	Changed day-night rhythm
<input type="checkbox"/>	Sleep does not bring rested state (recovery)
3. Pain	
<input type="checkbox"/>	Joint pain
<input type="checkbox"/>	Muscle pain
<input type="checkbox"/>	Headache
4. Neurological/Cognitive Manifestations	
<input type="checkbox"/>	Impairment of ability to concentrate and short-term memory
<input type="checkbox"/>	Difficulty processing information
<input type="checkbox"/>	Trouble finding the right word
<input type="checkbox"/>	Trouble reading
<input type="checkbox"/>	Impairment of perception and senses
<input type="checkbox"/>	Disorientation or confusion
<input type="checkbox"/>	Trouble coordinating movements
<input type="checkbox"/>	Signs of overload occur (relapses and/or anxieties) due to too much information, too many sensory impressions (such as light, noise) and/or too much stress
5. Autonomic Manifestations	
<input type="checkbox"/>	Quick change of position (especially from lying to standing) leads to dizziness and/or "seeing stars"
<input type="checkbox"/>	Changing position results in more rapid heart beats
<input type="checkbox"/>	Dizziness and giddiness
<input type="checkbox"/>	Extreme pallor
<input type="checkbox"/>	Intestinal complaints (diffuse pains, burning, flatulence)
<input type="checkbox"/>	Impaired bladder function
<input type="checkbox"/>	Palpitations (pounding heart)
<input type="checkbox"/>	Shortness of breath during mild exertion
6. Neuroendocrine Manifestations	
<input type="checkbox"/>	Impaired body temperature regulation (such as sweating when it's cold)
<input type="checkbox"/>	Sweating or feeling feverish
<input type="checkbox"/>	Intolerance to heat or cold
<input type="checkbox"/>	Cold extremities (hands or feet)
<input type="checkbox"/>	Weight gain or abnormal appetite
<input type="checkbox"/>	Weight loss
<input type="checkbox"/>	Stress is more difficult to cope with, stress leads to increased exhaustion and lack of emotional confidence
7. Immunological Manifestations	
<input type="checkbox"/>	Painful lymph nodes
<input type="checkbox"/>	Recurrent sore throat
<input type="checkbox"/>	New allergies or changes in existing allergies
<input type="checkbox"/>	Flu-like symptoms or overall feeling of malaise
<input type="checkbox"/>	New onset of hypersensitivities, intolerance of foodstuffs, medications and/or chemicals