

4. What additional diagnoses have you been given? Please comment if you believe any of these diagnoses to be inaccurate.

5. If any of your additional diagnoses contribute to your disability, please explain.

6. What diagnoses have been ruled out? Please include the diagnosis and the test or evaluation that ruled it out.

7. Place a check next to any of the following symptoms that you experience and describe in detail below:

- A worsening of symptoms after exertion that lasts at least 24 hours and is out-of-proportion to the exertion
- Unrefreshing sleep
- Disturbed sleep patterns
- Feeling worse or having symptoms when you are upright (sitting or standing)
- Shortness of breath
- Tender or swollen lymph nodes in your neck or armpits
- Recurring sore throats
- Headaches of a new type, pattern or severity
- Muscle pain
- Muscle weakness
- Pain in multiple joints
- Visual difficulties or sensitivity to light
- Gastrointestinal discomfort
- Urinary or bladder problems
- Impairment in short-term memory or concentration that is severe enough to cause substantial reduction in previous levels of occupational, educational, social or personal activities

**8. Which of the following medical signs have your physicians previously documented?
Check the box and reference the note if possible.**

- Swollen lymph nodes (lymphadenopathy)
- Crimson crescents (non-edudative pharyngitis)
- Tender sinuses (sinusitis)
- Pale complexion (pallor)
- Muscle tenderness (positive tender points on exam)
- Frequent viral infections with prolonged recovery
- Poor coordination (ataxia)
- Pronounced weight change

9. Which of the following laboratory evaluations have you had? What were the results?

- Epstein-Barr virus early antigen IgG antibodies
- MRI of the brain
- Tilt table testing
- NASA Lean or Standing Test

10. Which of the following treatments have you tried? What were the results?

- Pacing education
- Energy-conserving occupational therapy
- Self-led pacing therapies such as using a wearable to keep heart rate below a certain level
- Mobility aids
- Sensory aids
- Low dose naltrexone
- Low dose Abilify
- Stimulants
- Graded exercise therapy
- Exercise-based physical therapy
- Psychotherapy (such as cognitive behavioral therapy or talk therapy)
- SSRIs or antidepressants
- Over the counter sleep aids
- Prescription sleep aids
- B12 injections
- Vitamin D
- Fluids, electrolytes
- Compression garments
- Beta blockers
- Mestinon (pyridostigmine), Midodrine or Fludrocortisone
- Antihistamines
- Prescription mast cell stabilizers
- Other MCAS treatments
- Nutritional supplements
- Mitochondrial support supplements
- Antioxidant supplements
- Methylation supplements
- Other _____

11. What did you previously do for work?

12. When did you stop working and why? If you stopped due to symptoms, describe in detail how your symptoms affected your ability to work day to day and week to week.

13. Check all of the following that apply to you and describe below:

- Trouble focusing the eyes
- Sensitivity to screens
- Sensitivity to fluorescent lights
- Sensitivity to noise
- Sensitivity to heat
- Sensitivity to cold
- Sensitivity to detergents or fragrances
- Sensitivity to vibrations
- Sensitivity to mold
- Other sensitivities

Good Days

While there may never be a true “good” day with chronic illness, there are often “better” or more functional days. Indicate your hours of upright activity and the level of function you experience on good or better illness days.

How many good days do you average in a month:

In a 24-hour period, how many hours of upright activity do you engage in on a good day?
(Upright activity is defined as time spent with feet on the floor including sitting, standing and walking).

How many hours of non-upright activity (feet elevated, lying flat) do you engage in?

For the following, consider:

- **Personal hygiene and basic functions** (using the bathroom, bathing, getting dressed, getting out of bed)
- **Walking and moving around** (around the house and outside, physical activities that increase heart rate)
- **Being upright** (sitting in bed, sitting in a chair, standing in a line or while cooking)
- **Activities in the home** (dusting and other light housework, vacuuming and other moderate intensity housework, laundry, making a simple cold meal, making a hot meal)
- **Communication** (speaking, writing, socializing with a friend, socializing at a party or event)
- **Activities outside the home** (errands, shopping, riding in the car, driving, using public transportation, working, going to class)
- **Reacting to light or sound** (staying in a dimly or brightly lit room, staying outdoors on a sunny day, staying in a noisy environment such as a restaurant, going to a cinema or concert with high noise levels)
- **Cognitive processing** (reading, answering text messages/emails, watching TV, filling out disability paperwork, etc.)

Give examples of activities/tasks you CAN do on a GOOD day:

Give examples of activities/tasks you CANNOT do on a GOOD day:

Bad Days

Indicate your hours of upright activity and the level of function you experience on bad or worsened illness days.

How many bad days do you average in a month:

In a 24-hour period, how many hours of upright activity do you engage in on a bad day?
(Upright activity is defined as time spent with feet on the floor including sitting, standing and walking).

How many hours of non-upright activity (feet elevated, lying flat) do you engage in?

For the following, consider:

- **Personal hygiene and basic functions** (using the bathroom, bathing, getting dressed, getting out of bed)
- **Walking and moving around** (around the house and outside, physical activities that increase heart rate)
- **Being upright** (sitting in bed, sitting in a chair, standing in a line or while cooking)
- **Activities in the home** (dusting and other light housework, vacuuming and other moderate intensity housework, laundry, making a simple cold meal, making a hot meal)
- **Communication** (speaking, writing, socializing with a friend, socializing at a party or event)
- **Activities outside the home** (errands, shopping, riding in the car, driving, using public transportation, working, going to class)
- **Reacting to light or sound** (staying in a dimly or brightly lit room, staying outdoors on a sunny day, staying in a noisy environment such as a restaurant, going to a cinema or concert with high noise levels)
- **Cognitive processing** (reading, answering text messages/emails, watching TV, filling out disability paperwork, etc.)

Give examples of activities/tasks you CAN do on a BAD day:

Give examples of activities/tasks you CANNOT do on a BAD day: