

Information for the Participants of the NICE CFS/ME questionnaire: the full list of questions developed for the GDG

	Section 1 Diagnosis, investigations and referral
	<u>Diagnosis</u>
1(a)	Fatigue indicative of CFS/ME in an adult.....
	1. is persistent and/or recurrent
	2. is unexplained by mental or physical conditions
	3. results in substantial reduction in previous activity levels
	4. characterised by post-exertion malaise and/or fatigue (often delayed with slow recovery)
1(b)	Other symptoms <u>indicative</u> of CFS/ME in an adult can, but not necessarily always, include....
	1. Difficulty with sleeping (e.g. early morning waking, insomnia, hypersomnia, unrefreshing sleep, and disturbed sleep/wake cycle)
	2. Muscles and/or joint pain
	3. Significant headaches of new type, pattern or severity
	4. Painful lymph nodes
	5. Sore throat
	6. Cognitive Impairment for example confusion, difficulty thinking, inability to concentrate, impairment of short-term memory, word-finding difficulty, inability to plan/organise thoughts, spatial disorientation, difficulty with information processing
	7. Physical or mental exertion making symptoms worse
	8. Recurrent flu-like symptoms
	9. Orthostatic intolerance (problems standing upright), nausea and palpitations

Information for the Participants of the NICE CFS/ME questionnaire: the full list of questions developed for the GDG

	10. Significant weight change(s)
	11. Loss of thermostatic stability (difficulty controlling temperature)
1(c)	After ruling out other possible likely causes of the symptoms, a diagnosis of CFS/ME should be made.....
	1. After symptoms have persisted for at least 6 weeks
	2. After symptoms have persisted for at least 4 months
	3. After symptoms have persisted for at least 6 months
1(d)	Fatigue indicative of CFS/ME in a child is....
	1. persistent and/or recurrent
	2. unexplained by mental or physical conditions
	3. results in substantial reduction in previous activity levels
	4. characterised by post-exertion malaise and/or fatigue (often delayed with slow recovery)
1(e)	Other symptoms indicative of CFS/ME in a child can, but not necessarily always, include.....
	1. Difficult with sleeping (e.g. early morning wakening, insomnia, hypersomnia, unrefreshing sleep, disturbed sleep/wake cycle)
	2. Muscles and/or joint pain
	3. Significant headaches of new type, pattern or severity
	4. Painful lymph nodes
	5. Sore throat

Information for the Participants of the NICE CFS/ME questionnaire: the full list of questions developed for the GDG

	6. Cognitive Impairment for example confusion, difficulty thinking, inability to concentrate, impairment of short-term memory, word-finding difficulty, inability to plan/organise thoughts, spatial disorientation, difficulty with information processing
	7. Physical or mental exertion making symptoms worse
	8. Recurrent flu-like symptoms
	9. Orthostatic intolerance (problems standing upright), nausea and palpitations
	10. Significant weight change(s)
	11. Loss of thermostatic stability (difficulty controlling temperature)
1(f)	After ruling out other possible likely causes of the symptoms, a diagnosis of CFS/ME should be made in a child....
	1. After symptoms have persisted for 6 weeks
	2. After symptoms have persisted for 4 months
	3. After symptoms have persisted for 6 months
	<u>Investigations</u>
1(g)	The following investigations or examinations are appropriate in <u>establishing a diagnosis of CFS/ME</u> in an adult....
	1. The head up tilt test
	2. Neurological examination
	3. Auditory brainstem responses
	4. Electrodermal conductivity
	5. Urinalysis for protein, blood, glucose
	6. ECG if there are cardiological symptoms
	7. Endoscopy if there are gastro-intestinal (gut) symptoms

Information for the Participants of the NICE CFS/ME questionnaire: the full list of questions developed for the GDG

	8. Coeliac antibodies if there are gastro-intestinal (gut) symptoms
	9. Blood tests
	a. Full Blood Count
	b. combined laboratory tests including fibrinogen, prothrombin fragment 1+2, thrombin-anti-thrombin complexes, soluble fibrin monomer (SFM) and platelet activation (CD62P, ADP)
	c. Creatinine Kinase
	d. Circulating red blood cell volume
	e. Erythrocyte sedimentation rate
	f. C-reactive protein
	g. Electrophoresis
	h. Ferritin
	i. B12
	j. Folate
	k. Cholesterol
	l. Liver Function Tests
	m. Thyroid Function Tests
	n. Calcium
	o. In the absence of any indicative history, general virus serology, including heterophile antibody tests for Infectious Mononucleosis are appropriate
	p. In the absence of any indicative history, serology for chronic virus infections: HIV, hepatitis B & C are appropriate
	q. In the absence of any indicative history, serology testing for chronic bacterial infections (e.g. borelliosis) is appropriate
	r. In the absence of any indicative history, serology testing for latent infections: toxoplasma, EBV (Epstein Barr virus), CMV (cytomegalovirus) is appropriate

Information for the Participants of the NICE CFS/ME questionnaire: the full list of questions developed for the GDG

1(h)	The following investigations or examinations are appropriate in establishing a diagnosis of CFS/ME in a child....
	1. The head up tilt test
	2. Neurological examination
	3. Auditory brainstem responses
	4. Electrodermal conductivity
	5. Urinalysis for protein, blood, glucose
	6. ECG if there are cardiological symptoms
	7. Endoscopy if there are gastro-intestinal (gut) symptoms
	8. Coeliac antibodies if there are gastro-intestinal (gut) symptoms
	9. Blood tests
	a. Full Blood Count
	b. combined laboratory tests including fibrinogen, prothrombin fragment 1+2, thrombin-anti-thrombin complexes, soluble fibrin monomer (SFM) and platelet activation (CD62P, ADP)
	c. Creatinine Kinase
	d. Circulating red blood cell volume
	e. Erythrocyte sedimentation rate
	f. C-reactive protein
	g. Electrophoresis
	h. Ferritin
	i. B12
	j. Folate
	k. Cholesterol
	l. Liver Function Tests
	m. Thyroid Function Tests
	n. Calcium
	o. In the absence of any indicative history, general virus serology, including heterophile antibody tests for Infectious Mononucleosis are appropriate
	p. In the absence of any indicative history, serology for chronic virus infections: HIV, hepatitis B & C are appropriate

Information for the Participants of the NICE CFS/ME questionnaire: the full list of questions developed for the GDG

	q. In the absence of any indicative history, serology testing for chronic bacterial infections (e.g. borelliosis) is appropriate
	r. In the absence of any indicative history, serology testing for latent infections: toxoplasma, EBV (Epstein Barr virus), CMV (cytomegalovirus) is appropriate

	<u>Referral</u>
1(i)	For an adult with mild CFS/ME symptoms a referral for specialised care is appropriate....
	1. as soon as symptoms occur
	2. only after symptoms have persisted for about 4-6 weeks following treatment in primary care
	3. only after symptoms have persisted for about 3-4 months following treatment in primary care
	4. only after symptoms have persisted for at least 6 months following treatment in primary care
	5. Never or only very exceptionally
1(j)	For an adult with moderate CFS/ME symptoms a referral for specialised care is appropriate....
	1. as soon as symptoms occur
	2. only after symptoms have persisted for about 4-6 weeks following treatment in primary care
	3. only after symptoms have persisted for about 3-4 months following treatment in primary care
	4. only after symptoms have persisted for at least 6 months following treatment in primary care
	5. Never or only very exceptionally
	6.

Information for the Participants of the NICE CFS/ME questionnaire: the full list of questions developed for the GDG

1(k)	For an adult with severe CFS/ME symptoms a referral for specialised care is appropriate....
	1. as soon as symptoms occur
	2. only after symptoms have persisted for about 4-6 weeks following treatment in primary care
	3. only after symptoms have persisted for about 3-4 months following treatment in primary care
	4. only after symptoms have persisted for at least 6 months following treatment in primary care
	5. Never or only very exceptionally
1(l)	For a child with mild CFS/ME symptoms a referral for specialised care is appropriate....
	1. as soon as symptoms occur
	2. only after symptoms have persisted for about 4-6 weeks following treatment in primary care
	3. only after symptoms have persisted for about 3-4 months following treatment in primary care
	4. only after symptoms have persisted for at least 6 months following treatment in primary care
	5. Never or only very exceptionally
1(m)	For a child with moderate CFS/ME symptoms a referral for specialised care is appropriate....
	1. as soon as symptoms occur
	2. only after symptoms have persisted for about 4-6 weeks following treatment in primary care
	3. only after symptoms have persisted for about 3-4 months following treatment in primary care

Information for the Participants of the NICE CFS/ME questionnaire: the full list of questions developed for the GDG

	4. only after symptoms have persisted for at least 6 months following treatment in primary care
	5. Never or only very exceptionally
1(n)	For a child with severe CFS/ME symptoms a referral for specialised care is appropriate....
	1. as soon as symptoms occur
	2. only after symptoms have persisted for about 4-6 weeks following treatment in primary care
	3. only after symptoms have persisted for about 3-4 months following treatment in primary care
	4. only after symptoms have persisted for at least 6 months following treatment in primary care
	5. Never or only very exceptionally

	Section 2 Pharmacological interventions
2(a)	The use of Thyroxine where the individual has <u>LOW</u> thyroxine levels is appropriate....
	1. for adults with CFS/ME with mild symptoms
	2. for adults with CFS/ME with moderate symptoms
	3. for adults with CFS/ME with severe symptoms
	4. for children with CFS/ME with mild symptoms
	5. for children with CFS/ME with moderate symptoms
	6. for children with CFS/ME with severe symptoms

Information for the Participants of the NICE CFS/ME questionnaire: the full list of questions developed for the GDG

2(b)	The use of Thyroxine where the individual has <u>NORMAL</u> thyroxine levels is appropriate....
	1. for adults with CFS/ME with mild symptoms
	2. for adults with CFS/ME with moderate symptoms
	3. for adults with CFS/ME with severe symptoms
	4. for children with CFS/ME with mild symptoms
	5. for children with CFS/ME with moderate symptoms
	6. for children with CFS/ME with severe symptoms
2(c)	The use of Selective Serotonin Re-uptake Inhibitors (SSRIs) (for example Fluoxetine/Prozac or Paroxetine/Seroxat) where the individual is moderately or severely depressed is INAPPROPRIATE....
	1. for adults with CFS/ME with mild symptoms
	2. for adults with CFS/ME with moderate symptoms
	3. for adults with CFS/ME with severe symptoms
	1. for children with CFS/ME with mild symptoms
	2. for children with CFS/ME with moderate symptoms
	3. for children with CFS/ME with severe symptoms
2(c)	The use of Venlafaxine where the individual has pain difficulties AND is moderately or severely depressed is INAPPROPRIATE
	1. for adults with CFS/ME with mild symptoms
	2. for adults with CFS/ME with moderate symptoms
	3. for adults with CFS/ME with severe symptoms
2(c)	The use of Venlafaxine where the individual has pain difficulties AND is NOT moderately or severely depressed is INAPPROPRIATE

Information for the Participants of the NICE CFS/ME questionnaire: the full list of questions developed for the GDG

	1. for adults with CFS/ME with mild symptoms
	2. for adults with CFS/ME with moderate symptoms
	3. for adults with CFS/ME with severe symptoms
2(d)	The use of Tricyclics (for example Amitriptyline) where the individual has sleep and pain difficulties AND is moderately or severely depressed is INAPPROPRIATE
	1. for adults with CFS/ME with mild symptoms
	2. for adults with CFS/ME with moderate symptoms
	3. for adults with CFS/ME with severe symptoms
	4. for children with CFS/ME with mild symptoms
	5. for children with CFS/ME with moderate symptoms
	6. for children with CFS/ME with severe symptoms
2(e)	The use of Tricyclics (for example Amitriptyline) where the individual has sleep and pain difficulties AND is NOT moderately or severely depressed is INAPPROPRIATE.....
	1. for adults with CFS/ME with mild symptoms
	2. for adults with CFS/ME with moderate symptoms
	3. for adults with CFS/ME with severe symptoms
	4. for children with CFS/ME with mild symptoms
	5. for children with CFS/ME with moderate symptoms
	6. for children with CFS/ME with severe symptoms
2(f)	The use of Gabapentin or example where the individual has pain difficulties is INAPPROPRIATE.....
	1. for adults with CFS/ME with mild symptoms
	2. for adults with CFS/ME with moderate symptoms
	3. for adults with CFS/ME with severe symptoms
	4. for children with CFS/ME with mild symptoms
	5. for children with CFS/ME with moderate symptoms

Information for the Participants of the NICE CFS/ME questionnaire: the full list of questions developed for the GDG

	6. for children with CFS/ME with severe symptoms
2(g)	The use of Monoamine oxidase inhibitors (for example phenelzine or isocarboxazid) where the individual has pain difficulties AND the individual is moderately or severely depressed is INAPPROPRIATE....
	1. for adults with CFS/ME with mild symptoms
	2. for adults with CFS/ME with moderate symptoms
	3. for adults with CFS/ME with severe symptoms
	4. for children with CFS/ME with mild symptoms
	5. for children with CFS/ME with moderate symptoms
	6. for children with CFS/ME with severe symptoms
2(g)	The use of Monoamine oxidase inhibitors (for example phenelzine or isocarboxazid) where the individual has pain difficulties AND the individual is NOT moderately or severely depressed is INAPPROPRIATE....
	1. for adults with CFS/ME with mild symptoms
	2. for adults with CFS/ME with moderate symptoms
	3. for adults with CFS/ME with severe symptoms
	4. for children with CFS/ME with mild symptoms
	5. for children with CFS/ME with moderate symptoms
	6. for children with CFS/ME with severe symptoms
2(h)	The use of Glucocorticoids (such as Hydrocortisone) where the individual's primary symptom is pain is appropriate....
	1. for adults with CFS/ME with mild symptoms
	2. for adults with CFS/ME with moderate symptoms
	3. for adults with CFS/ME with severe symptoms

Information for the Participants of the NICE CFS/ME questionnaire: the full list of questions developed for the GDG

2(i)	The use of Mineralocorticoids (such as Fludrocortisone) where the individual's primary symptom is pain is appropriate....
	1. for adults with CFS/ME with mild symptoms
	2. for adults with CFS/ME with moderate symptoms
	3. for adults with CFS/ME with severe symptoms
2(i)	The use of Dexamphetamine where the individual's primary symptom is fatigue is appropriate....
	1. for adults with CFS/ME with mild symptoms
	2. for adults with CFS/ME with moderate symptoms
	3. for adults with CFS/ME with severe symptoms
2(j)	The use of Methylphenidate where the individual's primary symptom is fatigue is appropriate....
	1. for adults with CFS/ME with mild symptoms
	2. for adults with CFS/ME with moderate symptoms
	3. for adults with CFS/ME with severe symptoms
	4. for children with CFS/ME with mild symptoms
	5. for children with CFS/ME with moderate symptoms
	6. for children with CFS/ME with severe symptoms
2(k)	The use of Melatonin where the individual has sleep difficulties is INAPPROPRIATE....
	1. for children with CFS/ME with mild symptoms
	2. for children with CFS/ME with moderate symptoms
	3. for children with CFS/ME with severe symptoms

Information for the Participants of the NICE CFS/ME questionnaire: the full list of questions developed for the GDG

2(l)	The use of Anti-Herpes agents (such as Acyclovir) where the individual <u>has had</u> herpes viral infection is appropriate....
	1. for adults with CFS/ME with mild symptoms
	2. for adults with CFS/ME with moderate symptoms
	3. for adults with CFS/ME with severe symptoms
	4. for children with CFS/ME with mild symptoms
	5. for children with CFS/ME with moderate symptoms
	6. for children with CFS/ME with severe symptoms
2(m)	The use of Anti-Herpes agents (such as Acyclovir) where the individual has <u>NOT</u> had herpes viral infection is appropriate....
	1. for adults with CFS/ME with mild symptoms
	2. for adults with CFS/ME with moderate symptoms
	3. for adults with CFS/ME with severe symptoms
	4. for children with CFS/ME with mild symptoms
	5. for children with CFS/ME with moderate symptoms
	6. for children with CFS/ME with severe symptoms
2(n)	The use of gut anti-spasmodics (such as mebeverine, alverine and peppermint oil) where the individual <u>has</u> bowel symptoms is INAPPROPRIATE.
	1. for adults with CFS/ME with mild symptoms
	2. for adults with CFS/ME with moderate symptoms
	3. for adults with CFS/ME with severe symptoms
	4. for children with CFS/ME with mild symptoms
	5. for children with CFS/ME with moderate symptoms
	6. for children with CFS/ME with severe symptoms

Information for the Participants of the NICE CFS/ME questionnaire: the full list of questions developed for the GDG

2(o)	The use of gut anti-spasmodics (such as mebeverine, alverine and peppermint oil) where the individual has <u>NO</u> bowel symptoms is appropriate....
	1. for adults with CFS/ME with mild symptoms
	2. for adults with CFS/ME with moderate symptoms
	3. for adults with CFS/ME with severe symptoms
	4. for children with CFS/ME with mild symptoms
	5. for children with CFS/ME with moderate symptoms
	6. for children with CFS/ME with severe symptoms
2(p)	The use of skeletal anti-spasmodics (such as diazepam, baclofen, and clonazepam) where the individual has MODERATE OR SEVERE muscle pain, cramps or twitching is INAPPROPRIATE
	1. for adults with CFS/ME with mild symptoms
	2. for adults with CFS/ME with moderate symptoms
	3. for adults with CFS/ME with severe symptoms
	4. for children with CFS/ME with mild symptoms
	5. for children with CFS/ME with moderate symptoms
	6. for children with CFS/ME with severe symptoms
2(p)	The use of skeletal anti-spasmodics (such as diazepam, baclofen, and clonazepam) where the individual has <u>NO</u> muscle pain is INAPPROPRIATE
	1. for adults with CFS/ME with mild symptoms
	2. for adults with CFS/ME with moderate symptoms
	3. for adults with CFS/ME with severe symptoms
	4. for children with CFS/ME with mild symptoms
	5. for children with CFS/ME with moderate symptoms
	6. for children with CFS/ME with severe symptoms

Information for the Participants of the NICE CFS/ME questionnaire: the full list of questions developed for the GDG

Section 3 Behavioral Approaches	
3(a)	A programme which allows the person to find a baseline, followed by gradual and sustainable increases in activity/exercise (physical, emotional, cognitive) is appropriate....
	1. for adults with CFS/ME with mild symptoms
	2. for adults with CFS/ME with moderate symptoms
	3. for adults with CFS/ME with severe symptoms
	4. for children with CFS/ME with mild symptoms
	5. for children with CFS/ME with moderate symptoms
	6. for children with CFS/ME with severe symptoms
3(b)	A programme based upon planned increases in duration of physical activity/exercise followed by increases in intensity leading to aerobic exercise (i.e. exercise which increases the pulse rate) is appropriate....
	1. for adults with CFS/ME with mild symptoms
	2. for adults with CFS/ME with moderate symptoms
	3. for adults with CFS/ME with severe symptoms
	4. for children with CFS/ME with mild symptoms
	5. for children with CFS/ME with moderate symptoms
	6. for children with CFS/ME with severe symptoms
3(c)	A programme consisting of increases of aerobic exercise (i.e. exercise which increases the pulse rate) is appropriate....
	1. for adults with CFS/ME with mild symptoms
	2. for adults with CFS/ME with moderate symptoms
	3. for adults with CFS/ME with severe symptoms
	4. for children with CFS/ME with mild symptoms
	5. for children with CFS/ME with moderate symptoms

Information for the Participants of the NICE CFS/ME questionnaire: the full list of questions developed for the GDG

	6. for children with CFS/ME with severe symptoms
3(d)	A programme that encourages self management and builds on the skills of the individual is appropriate....
	1. for adults with CFS/ME with mild symptoms
	2. for adults with CFS/ME with moderate symptoms
	3. for adults with CFS/ME with severe symptoms
	4. for children with CFS/ME with mild symptoms
	5. for children with CFS/ME with moderate symptoms
	6. for children with CFS/ME with severe symptoms
3(e)	A programme involving assessment and management of the emotional impact of CFS/ME is appropriate....
	1. for adults with CFS/ME with mild symptoms
	2. for adults with CFS/ME with moderate symptoms
	3. for adults with CFS/ME with severe symptoms
	4. for children with CFS/ME with mild symptoms
	5. for children with CFS/ME with moderate symptoms
	6. for children with CFS/ME with severe symptoms
3(f)	Techniques that improve the quality of relaxation and restorative rest are appropriate....
	1. for adults with CFS/ME with mild symptoms
	2. for adults with CFS/ME with moderate symptoms
	3. for adults with CFS/ME with severe symptoms
	4. for children with CFS/ME with mild symptoms
	5. for children with CFS/ME with moderate symptoms

Information for the Participants of the NICE CFS/ME questionnaire: the full list of questions developed for the GDG

	6. for children with CFS/ME with severe symptoms
3(g)	Setting an individually tailored self management strategy (with patient-centred goals) is appropriate....
	1. for adults with CFS/ME with mild symptoms
	2. for adults with CFS/ME with moderate symptoms
	3. for adults with CFS/ME with severe symptoms
	4. for children with CFS/ME with mild symptoms
	5. for children with CFS/ME with moderate symptoms
	6. for children with CFS/ME with severe symptoms
3(h)	A strategy that always maintains activity levels at substantially less than full capacity in order to have reserve energy for the body to heal itself (can be known as the envelope theory) is appropriate....
	1. for adults with CFS/ME with mild symptoms
	2. for adults with CFS/ME with moderate symptoms
	3. for adults with CFS/ME with severe symptoms
	4. for children with CFS/ME with mild symptoms
	5. for children with CFS/ME with moderate symptoms
	6. for children with CFS/ME with severe symptoms
3(i)	A strategy which involves monitoring thoughts and discusses alternative cognitive or behavioural strategies is appropriate....
	1. for adults with CFS/ME with mild symptoms
	2. for adults with CFS/ME with moderate symptoms
	3. for adults with CFS/ME with severe symptoms
	4. for children with CFS/ME with mild symptoms
	5. for children with CFS/ME with moderate symptoms

Information for the Participants of the NICE CFS/ME questionnaire: the full list of questions developed for the GDG

	6. for children with CFS/ME with severe symptoms
3(j)	A programme that encourages patients to extend their activity capacity is appropriate....
	1. for adults with CFS/ME with mild symptoms
	2. for adults with CFS/ME with moderate symptoms
	3. for adults with CFS/ME with severe symptoms
	4. for children with CFS/ME with mild symptoms
	5. for children with CFS/ME with moderate symptoms
	6. for children with CFS/ME with severe symptoms
3(k)	Strategies to normalise sleep patterns are appropriate....
	1. for adults with CFS/ME with mild symptoms
	2. for adults with CFS/ME with moderate symptoms
	3. for adults with CFS/ME with severe symptoms
	4. for children with CFS/ME with mild symptoms
	5. for children with CFS/ME with moderate symptoms
	6. for children with CFS/ME with severe symptoms
3(l)	Complete rest (cognitive, physical and emotional) during significant increases in symptoms (a 'set-back') is appropriate....
	1. for adults with CFS/ME with mild symptoms
	2. for adults with CFS/ME with moderate symptoms
	3. for adults with CFS/ME with severe symptoms
	4. for children with CFS/ME with mild symptoms
	5. for children with CFS/ME with moderate symptoms
	6. for children with CFS/ME with severe symptoms

Information for the Participants of the NICE CFS/ME questionnaire: the full list of questions developed for the GDG

3(m)	Equipment and adaptations (e.g. a wheelchair) that allow patients to improve independence and quality of life should be provided....
	1. for adults with CFS/ME with mild symptoms
	2. for adults with CFS/ME with moderate symptoms
	3. for adults with CFS/ME with severe symptoms
	4. for children with CFS/ME with mild symptoms
	5. for children with CFS/ME with moderate symptoms
	6. for children with CFS/ME with severe symptoms
3(n)	Individual Cognitive Behaviour Therapy (CBT) is appropriate....
	1. for adults with CFS/ME
	2. for children with CFS/ME
3(o)	Group Cognitive Behaviour Therapy (CBT) is appropriate....
	1. for adults with CFS/ME
	2. for children with CFS/ME
3(p)	Cognitive Behaviour Therapy (CBT) combined with an activity programme is appropriate....
	1. for adults with CFS/ME
	2. for children with CFS/ME

Information for the Participants of the NICE CFS/ME questionnaire: the full list of questions developed for the GDG

	Section 4 Complementary, Dietary and Supplementary Approaches
	<u>Dietary Supplements</u>
4(a)	Vitamin B12 (assuming these levels are currently normal) injections is appropriate for the treatment of....
	1. adults with CFS/ME with mild symptoms
	2. adults with CFS/ME with moderate symptoms
	3. adults with CFS/ME with severe symptoms
	4. children with CFS/ME with mild symptoms
	5. children with CFS/ME with moderate symptoms
	6. children with CFS/ME with severe symptoms
4(b)	Vitamin C is appropriate for the treatment of....
	1. adults with CFS/ME with mild symptoms
	2. adults with CFS/ME with moderate symptoms
	3. adults with CFS/ME with severe symptoms
	4. children with CFS/ME with mild symptoms
	5. children with CFS/ME with moderate symptoms
	6. children with CFS/ME with severe symptoms
4(c)	Co-enzyme Q10 is appropriate for the treatment of....
	1. adults with CFS/ME with mild symptoms
	2. adults with CFS/ME with moderate symptoms
	3. adults with CFS/ME with severe symptoms
	4. children with CFS/ME with mild symptoms
	5. children with CFS/ME with moderate symptoms
	6. children with CFS/ME with severe symptoms
4(d)	Magnesium is appropriate for the treatment of....
	1. adults with CFS/ME with mild symptoms
	2. adults with CFS/ME with moderate symptoms
	3. adults with CFS/ME with severe symptoms
	4. children with CFS/ME with mild symptoms

Information for the Participants of the NICE CFS/ME questionnaire: the full list of questions developed for the GDG

	5. children with CFS/ME with moderate symptoms
	6. children with CFS/ME with severe symptoms
4(e)	Echinacea is appropriate for the treatment of.....
	1. adults with CFS/ME with mild symptoms
	2. adults with CFS/ME with moderate symptoms
	3. adults with CFS/ME with severe symptoms
	4. children with CFS/ME with mild symptoms
	5. children with CFS/ME with moderate symptoms
	6. children with CFS/ME with severe symptoms
4(f)	Nicotinamide adenine dinucleotide (NADH) is appropriate for the treatment of....
	1. adults with CFS/ME with mild symptoms
	2. adults with CFS/ME with moderate symptoms
	3. adults with CFS/ME with severe symptoms
	4. children with CFS/ME with mild symptoms
	5. children with CFS/ME with moderate symptoms
	6. children with CFS/ME with severe symptoms
4(g)	Essential Fatty acids is appropriate for the treatment of....
	1. adults with CFS/ME with mild symptoms
	2. adults with CFS/ME with moderate symptoms
	3. adults with CFS/ME with severe symptoms
	4. children with CFS/ME with mild symptoms
	5. children with CFS/ME with moderate symptoms
	6. children with CFS/ME with severe symptoms
4(h)	Multivitamin and mineral supplements is appropriate for the treatment of.....
	1. for adults with CFS/ME with mild symptoms
	2. for adults with CFS/ME with moderate symptoms
	3. for adults with CFS/ME with severe symptoms
	4. for children with CFS/ME with mild symptoms
	5. for children with CFS/ME with moderate symptoms
	6. for children with CFS/ME with severe symptoms

Information for the Participants of the NICE CFS/ME questionnaire: the full list of questions developed for the GDG

	<u>Diets</u>
4(i)	An anti-candida (low yeast, low sugar) diet is appropriate for....
	1. adults with CFS/ME with mild symptoms
	2. adults with CFS/ME with moderate symptoms
	3. adults with CFS/ME with severe symptoms
	4. children with CFS/ME with mild symptoms
	5. children with CFS/ME with moderate symptoms
	6. children with CFS/ME with severe symptoms
4(j)	An clinically supervised exclusion diet followed by food challenges where the individual <u>has moderate or severe</u> bowel symptoms is appropriate for....
	1. adults with CFS/ME with mild symptoms
	2. adults with CFS/ME with moderate symptoms
	3. adults with CFS/ME with severe symptoms
	4. children with CFS/ME with mild symptoms
	5. children with CFS/ME with moderate symptoms
	6. children with CFS/ME with severe symptoms
4(k)	A clinically supervised exclusion diet followed by food challenges where the individual is <u>has no</u> bowel symptoms is appropriate for....
	1. adults with CFS/ME with mild symptoms
	2. adults with CFS/ME with moderate symptoms
	3. adults with CFS/ME with severe symptoms
	4. children with CFS/ME with mild symptoms
	5. children with CFS/ME with moderate symptoms
	6. children with CFS/ME with severe symptoms
	<u>Complementary Therapies</u>
4(l)	Acupuncture by a registered therapist is appropriate for symptom control in.....

Information for the Participants of the NICE CFS/ME questionnaire: the full list of questions developed for the GDG

	1. adults with CFS/ME with mild symptoms
	2. adults with CFS/ME with moderate symptoms
	3. adults with CFS/ME with severe symptoms
	4. children with CFS/ME with mild symptoms
	5. children with CFS/ME with moderate symptoms
	6. children with CFS/ME with severe symptoms
4(m)	Homeopathy by a registered therapist is appropriate for symptom control in...
	1. adults with CFS/ME with mild symptoms
	2. adults with CFS/ME with moderate symptoms
	3. adults with CFS/ME with severe symptoms
	4. children with CFS/ME with mild symptoms
	5. children with CFS/ME with moderate symptoms
	6. children with CFS/ME with severe symptoms
4(m)	Other complementary therapies by a registered therapist is appropriate for symptom control in...
	1. adults with CFS/ME with mild symptoms
	2. adults with CFS/ME with moderate symptoms
	3. adults with CFS/ME with severe symptoms
	4. children with CFS/ME with mild symptoms
	5. children with CFS/ME with moderate symptoms
	6. children with CFS/ME with severe symptoms