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## DePaul Symptom Questionnaire - Post-Exertional Malaise short form (DSQ-PEM)

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For each symptom below, please circle one number for frequency and one number for severity: Please complete the chart from left to right.

		Frequency:					Severity:				
	Throughout the <b>past 6 months</b> ,					Throughout the <b>past 6 months</b> ,					
Symptoms	how often have you had this					how <u>much</u> has this symptom					
	symptom?					bothered you?					
	For each symptom listed below, circle					For each symptom listed below,					
	a number from:					circle a number from:					
	0 = none of the time					0 = symptom not present					
	1 = a little of the time					1 = mild					
	2 = about half the time					2 = moderate					
	3 = most of the time 4 = all of the time					3 = severe 4= very severe					
1. Dead, heavy feeling after starting to exercise	0	1	2	3	4	0	1	2	3	4	
2. Next day soreness or fatigue after non-strenuous, everyday activities	0	1	2	3	4	0	1	2	3	4	
3. Mentally tired after the slightest effort	0	1	2	3	4	0	1	2	3	4	
4. Minimum exercise makes you physically tired	0	1	2	3	4	0	1	2	3	4	
5. Physically drained or sick after mild activity	0	1	2	3	4	0	1	2	3	4	

For each question below, choose the answer which best describes your PEM symptoms.

6. If you were to become exhausted after actively participating in extracurricular activities, sports, or outings with friends, would you recover within an hour or two after the activity ended?		Yes			No		
7. Do you experience a worsening of your <b>fatigue/energy related illness</b> after engaging in minimal <b>physical</b> effort?		Yes			No		
8. Do you experience a worsening of your <b>fatigue/energy related illness</b> after engaging in minimal <b>mental</b> effort?	Yes No						
9. If you feel worse after activities, how long does this last?	≤1 h	2-3 h	4-10 h	11-13 h	14 <b>-</b> 23 h	≥24 h	
10. If you do not exercise, is it because exercise makes your symptoms worse?	Yes			No			

## **DSQ-PEM Scoring**

Scoring Step 1 **Items 1–5**: A frequency and severity score of 2, 2 on any items 1–5 is indicative of PEM.

Scoring Step 2

Items 7, 8: Either item 7 or 8 must have an answer of yes to indicate an ME and/or CFS dx.

**Item 9**: A response of >14 h is needed to indicate an ME and/or CFS dx.

**Items 6, 10**: Neither item indicates an ME and/or CFS diagnosis, but provides a description of patient PEM for clinical evaluations.