ME/CFS: 2003 Canadian Clinical Working Case Definition	SEID: 2015 Institute of Medicine Diagnostic Criteria
Pathological Fatigue A significant degree of new onset, unexplained, persistent or recurrent physical and/or mental fatigue that substantially reduces activity levels and which is not the result of ongoing exertion and is not relieved by rest	Diagnosis requires the following three symptoms:
<ul> <li>Post-exertional Malaise and Worsening of Symptoms         Mild exertion or even normal activity is followed by malaise: the loss of         physical and mental stamina and/or worsening of other symptoms.         Recovery is delayed, taking more than 24 hours     </li> <li>Sleep Dysfunction         Sleep is un-refreshing: disturbed quantity - daytime hypersomnia or         nighttime insomnia and/or disturbed rhythm - day/night reversal.         Rarely, there is no sleep problem.</li> </ul>	A substantial reduction or impairment in the ability to engage in pre-illness levels of occupational, educational, social, or personal activities, that persists for more than 6 months and is accompanied by <b>Fatigue</b> , which is often profound, is of new or definite onset
<ul> <li>Pain</li> <li>Pain is widespread, migratory or localized: myalgia; arthralgia (without signs of inflammation); and/or headache - a new type, pattern or severity. Rarely, there is no pain</li> </ul>	(not lifelong), is not the result of ongoing excessive exertion, and is not substantially alleviated by rest, and
Neurocognitive Manifestations (2 or more)   confusion   short-term memory   categorizing and word retrieval	Post-exertional Malaise*     and
perceptual and sensory disturbances	Unrefreshing Sleep*
<ul> <li>ataxia</li> <li>fasciculation</li> <li>emotional overload</li> <li>hypersensitivity to light or sound</li> </ul>	At least one of the two following:
☐ At least one symptom from three of the following categories:	Cognitive Impairment*
Autonomic Manifestations <ul> <li>orthostatic intolerance-neurally mediated hypotension (NMH)</li> <li>postural orthostatic tachycardia syndrome (POTS)</li> <li>delayed postural hypotension</li> <li>light-headedness</li> <li>extreme pallor</li> <li>nausea and IBS</li> <li>urinary frequency and bladder dysfunction</li> <li>palpitations with or without cardiac arrhythmias</li> <li>exertional dyspnea.</li> </ul>	<ul> <li>Orthostatic Intolerance</li> <li>* Frequency and severity of symptoms should be assessed. The diagnosis of ME/CFS/SEID should be questioned if patients do not</li> </ul>
Neuroendocrine Manifestations         Ioss of thermostatic stability–subnormal body temp; marked diurnal fluctuation         sweating episodes       recurrent feelings of feverishness         cold extremities       intolerance heat and cold         marked weight change       anorexia or abnormal appetite         loss of adaptability and worsening of symptoms with stress	have these symptoms at least half of the time with moderate, substantial, or severe intensity.
Immune Manifestations         tender lymph nodes       recurrent sore throat         recurrent flu-like symptoms       general malaise         new sensitivities to food, medications and/or chemicals.	
☐ The illness has persisted for at least 6 months	