

Supplement F.
DSQ Pediatric Screening Questionnaire (DSQ-PSQ)

This document contains the following material:

- 1) Scoring rules to identify children who “screen positive” for symptoms of ME and CFS
- 2) Syntax for the “screen positive” criteria
- 3) Hard copy of the DSQ-PSQ

The DSQ Pediatric Screening Questionnaire (DSQ-PSQ) can be downloaded from the REDCap shared library. You can view the instrument here: <https://redcap.is.depaul.edu/surveys/?s=MFF8TXRPC8>

DSQ-PSQ
Screen Positive Criteria

Screen Positive Criteria *(to identify children who may have symptoms of ME and CFS):*

- At least 1 of the following symptoms:
 - Fatigue / Extreme tiredness (Question 6; frequency and severity scores ≥ 2)
 - Missing activities because child is too sick/tired (Question 7, “Yes”)
 - Poor school attendance (Question 8, “Yes”)
 - Unable/Unwilling to go to school (Question 9, “Yes”)
 - School learning or memory problems (Question 10, “Yes”)
- A response of “Yes” to at least 4 of the following symptoms:
 - Headaches (Question 11)
 - Sore throat (Question 12)
 - Joint pain (Question 13)
 - Muscle pain (Question 14)
 - Abdominal pain (Question 15)
 - Lymph node pain (Question 16)
 - Rash (Question 17)
 - Fever, chills, or shivers (Question 18)
 - Eye pain / Light sensitivity (Question 19)
 - Problems sleeping (Question 20)
 - Impaired memory or concentration (Question 21)
 - Feeling worse/sick/exhausted after exercise (Question 22)
 - Dizziness (Question 23)

**DSQ-PSQ
SPSS Syntax:**

**Scoring Note: To determine which variables are associated with which items, note that variable names utilize the items numbers present in the questionnaire*.*

***DSQ-PSQ*.
Screen Positive Criteria.**

***Criterion 1.*
Fatigue or School Problems.**

```
COMPUTE SP_6 = 0.  
EXECUTE.  
IF((psq_6f >= 2) & (psq_6s >=2)) SP_6 = 1.  
EXECUTE.
```

```
COMPUTE SP_7 = 0.  
EXECUTE.  
IF(psq_7 = 1) SP_7 = 1.  
EXECUTE.
```

```
COMPUTE SP_8 = 0.  
EXECUTE.  
IF(psq_8 = 1) SP_8 = 1.  
EXECUTE.
```

```
COMPUTE SP_9 = 0.  
EXECUTE.  
IF(psq_9 = 1) SP_9 = 1.  
EXECUTE.
```

```
COMPUTE SP_10 = 0.  
EXECUTE.  
IF(psq_10 = 1) SP_10 = 1.  
EXECUTE.
```

```
COMPUTE PSQ_SP1 = 0.  
EXECUTE.  
IF(SUM(SP_6, SP_7, SP_8, SP_9, SP_10) >= 1) PSQ_SP1 = 1.  
EXECUTE.
```

Criterion 2.

At least 4 ME or CFS symptoms.

COMPUTE SP_11 = 0.

EXECUTE.

IF(psq_11 = 1) SP_11 = 1.

EXECUTE.

COMPUTE SP_12 = 0.

EXECUTE.

IF(psq_12 = 1) SP_12 = 1.

EXECUTE.

COMPUTE SP_13 = 0.

EXECUTE.

IF(psq_13 = 1) SP_13 = 1.

EXECUTE.

COMPUTE SP_14 = 0.

EXECUTE.

IF(psq_14 = 1) SP_14 = 1.

EXECUTE.

COMPUTE SP_15 = 0.

EXECUTE.

IF(psq_15 = 1) SP_15 = 1.

EXECUTE.

COMPUTE SP_16 = 0.

EXECUTE.

IF(psq_16 = 1) SP_16 = 1.

EXECUTE.

COMPUTE SP_17 = 0.

EXECUTE.

IF(psq_17 = 1) SP_17 = 1.

EXECUTE.

COMPUTE SP_18 = 0.

EXECUTE.

IF(psq_18 = 1) SP_18 = 1.

EXECUTE.

COMPUTE SP_19 = 0.

EXECUTE.

IF(psq_19 = 1) SP_19 = 1.

EXECUTE.

COMPUTE SP_20 = 0.

```
EXECUTE.  
IF(psq_20 = 1) SP_20 = 1.  
EXECUTE.
```

```
COMPUTE SP_21 = 0.  
EXECUTE.  
IF(psq_21 = 1) SP_21 = 1.  
EXECUTE.
```

```
COMPUTE SP_22 = 0.  
EXECUTE.  
IF(psq_22 = 1) SP_22 = 1.  
EXECUTE.
```

```
COMPUTE SP_23 = 0.  
EXECUTE.  
IF(psq_23 = 1) SP_23 = 1.  
EXECUTE.
```

```
COMPUTE PSQ_SP2 = 0.  
EXECUTE.  
IF(SUM(SP_11, SP_12, SP_13, SP_14, SP_15, SP_16, SP_17, SP_18, SP_19, SP_20, SP_21, SP_22,  
SP_23) >= 4) PSQ_SP2 = 1.
```

Screen Positive Criteria.

```
COMPUTE PSQ_Screen = 0.  
EXECUTE.  
IF((PSQ_SP1 = 1) & (PSQ_SP2) = 1) PSQ_Screen = 1.  
EXECUTE.
```

```
VALUE LABELS  
PSQ_Screen  
0 'Screen Negative'  
1 'Screen Positive'.  
EXECUTE.
```

**DePaul Symptom Questionnaire – Pediatric Screening Questionnaire
DSQ – PSQ**

Date: _____

Participant ID: _____

1. Child's Initials: _____

2. Child's Age: _____

3. Child's Gender:

- Female
- Male
- Other
- Prefer not to answer

4. Child's Race (select all that apply):

- Black, African American
- White, Caucasian
- American Indian or Alaskan Native
- Asian
- Native Hawaiian or Pacific Islander
- Other

a. If other, please specify: _____

5. Is your child of Latino or Hispanic origin?

- Yes
- No

DSQ – PSQ (Continued)

Please indicate if your child has had problems with any of the following over the past **3 to 6 months** by circling “Yes” or “No.”

For all items marked “Yes”, circle **one number for frequency** and **one number for severity**, using the following scales:

<p style="text-align: center;"><i>Frequency:</i></p> <p style="text-align: center;">Throughout the <u>past 3 to 6 months</u>, how <u>often</u> has your child had this symptom?</p> <p>For each symptom listed below, circle a number from:</p> <p>0 = none of the time 1 = a little of the time 2 = about half the time 3 = most of the time 4 = all of the time</p>	<p style="text-align: center;"><i>Severity:</i></p> <p style="text-align: center;">Throughout the <u>past 3 to 6 months</u>, how <u>much</u> has this symptom bothered your child?</p> <p>For each symptom listed below, circle a number from:</p> <p>0 = symptom not present 1 = mild 2 = moderate 3 = severe 4 = very severe</p>
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Symptom	<i>Only for items marked “Yes:”</i>											
	<i>Frequency:</i>					<i>Severity:</i>						
6. Fatigue / Extreme tiredness	Yes	No	0	1	2	3	4	0	1	2	3	4
a. Has your child had a problem with fatigue or energy for <u>6 months or longer?</u>	Yes	No	--					--				
7. Missing activities because he/she is too sick or too tired	Yes	No	0	1	2	3	4	0	1	2	3	4
8. Poor school attendance	Yes	No	0	1	2	3	4	0	1	2	3	4
9. Being unable or unwilling to go to school	Yes	No	0	1	2	3	4	0	1	2	3	4
10. School learning or memory problems	Yes	No	0	1	2	3	4	0	1	2	3	4

DSQ – PSQ (Continued)

Please indicate if your child has had any of the following symptoms **constantly or repeatedly** over the past **3 to 6 months** by circling “Yes” or “No.”

For all items marked “Yes”, circle **one number for frequency** and **one number for severity**, using the following scales:

<p style="text-align: center;"><i>Frequency:</i></p> <p style="text-align: center;">Throughout the <u>past 3 to 6 months</u>, how <u>often</u> has your child had this symptom?</p> <p>For each symptom listed below, circle a number from: 0 = none of the time 1 = a little of the time 2 = about half the time 3 = most of the time 4 = all of the time</p>	<p style="text-align: center;"><i>Severity:</i></p> <p style="text-align: center;">Throughout the <u>past 3 to 6 months</u>, how <u>much</u> has this symptom bothered your child?</p> <p>For each symptom listed below, circle a number from: 0 = symptom not present 1 = mild 2 = moderate 3 = severe 4 = very severe</p>
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Symptom	<i>Only for items marked “Yes:”</i>											
	<i>Frequency:</i>					<i>Severity:</i>						
11. Frequent headaches	Yes	No	0	1	2	3	4	0	1	2	3	4
12. Sore throat	Yes	No	0	1	2	3	4	0	1	2	3	4
13. Joint pain	Yes	No	0	1	2	3	4	0	1	2	3	4
14. Muscle pain	Yes	No	0	1	2	3	4	0	1	2	3	4
15. Abdominal pain	Yes	No	0	1	2	3	4	0	1	2	3	4
16. Lymph node pain (in neck or under arms)	Yes	No	0	1	2	3	4	0	1	2	3	4
17. Rash	Yes	No	0	1	2	3	4	0	1	2	3	4
18. Fever, chills, or shivers	Yes	No	0	1	2	3	4	0	1	2	3	4
19. Eye pain or light sensitivity	Yes	No	0	1	2	3	4	0	1	2	3	4
20. Problems sleeping	Yes	No	0	1	2	3	4	0	1	2	3	4
21. Impaired memory or concentration	Yes	No	0	1	2	3	4	0	1	2	3	4
22. Feeling worse, sick, or exhausted after exercise	Yes	No	0	1	2	3	4	0	1	2	3	4
23. Dizziness	Yes	No	0	1	2	3	4	0	1	2	3	4