Medications and supplements can affect people living with ME/CFS differently than they may affect people without ME/CFS. Use this form to record information about your current medications and supplements (such as vitamins or herbal supplements). Bring this list to your appointments. Consider including medications or supplements you stopped taking as well.

MEDICATION / SUPPLEMENT	REASON FOR TAKING	FREQUENCY	DOSE OR AMOUNT	DID THE MEDICATION / SUPPLEMENT HELP? [SCALE: NO A LITTLE A LOT]	DID YOU EXPERIENCE ANY PROBLEMS THAT YOU THINK ARE RELATED TO THIS MEDICATION/ SUPPLEMENT?
Example: Trazodone	To help me sleep	Nightly	50 mg	Yes – a lot!	Dry mouth

For more information on ME/CFS, please visit www.cdc.gov/me-cfs.



Centers for Disease Control and Prevention National Center for Emerging and Zoonotic Infectious Diseases