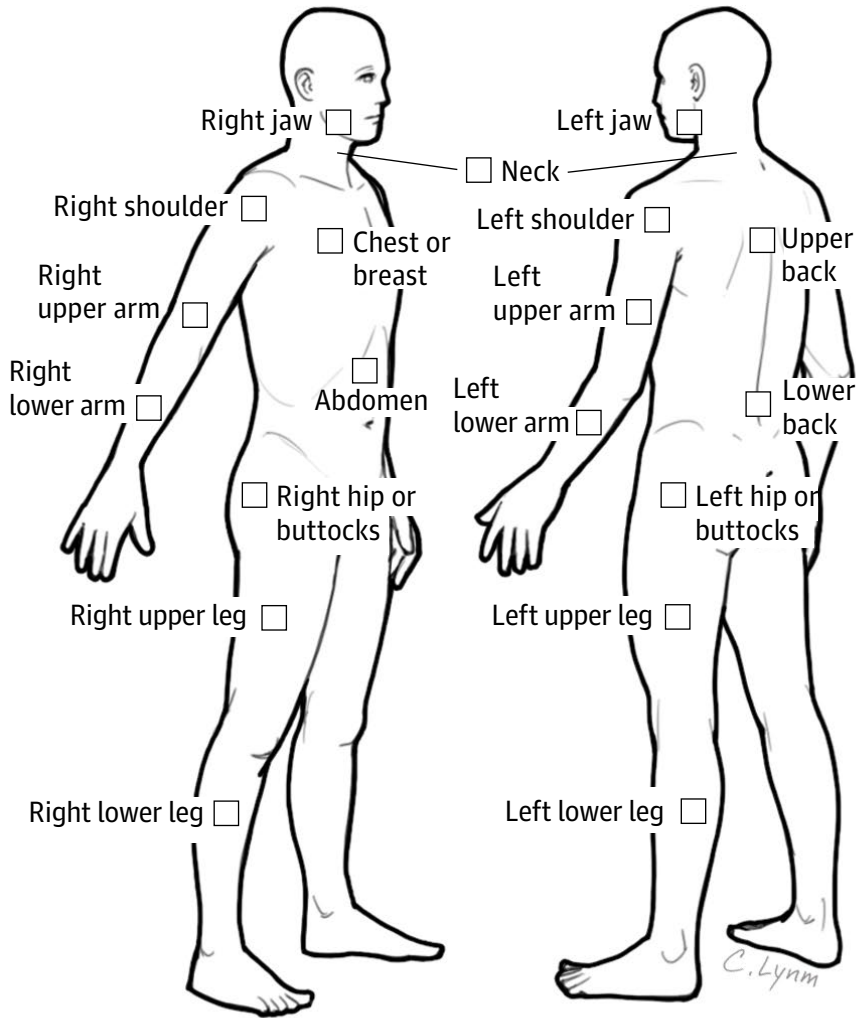


Patient Self-report Survey for the Assessment of Fibromyalgia

- ① Please indicate if you have had pain or tenderness during the past 7 days in the areas shown below. Check the boxes in the diagram for each area in which you have had pain or tenderness.



- ② For each symptom listed below, use the following scale to indicate the severity of the symptom during the past 7 days.
- **No problem**
 - **Slight or mild problem:** generally mild or intermittent
 - **Moderate problem:** considerable problems; often present and/or at a moderate level
 - **Severe problem:** continuous, life-disturbing problems

	No problem	Slight or mild problem	Moderate problem	Severe problem
A. Fatigue	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. Trouble thinking or remembering	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C. Waking up tired (unrefreshed)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

- ③ During the past 6 months have you had any of the following symptoms?

A. Pain or cramps in lower abdomen	<input type="checkbox"/> No	<input type="checkbox"/> Yes
B. Depression	<input type="checkbox"/> No	<input type="checkbox"/> Yes
C. Headache	<input type="checkbox"/> No	<input type="checkbox"/> Yes

- ④ Have the symptoms in questions 2-3 and pain been present at a similar level for at least 3 months?

No Yes

- ⑤ Do you have a disorder that would otherwise explain the pain?

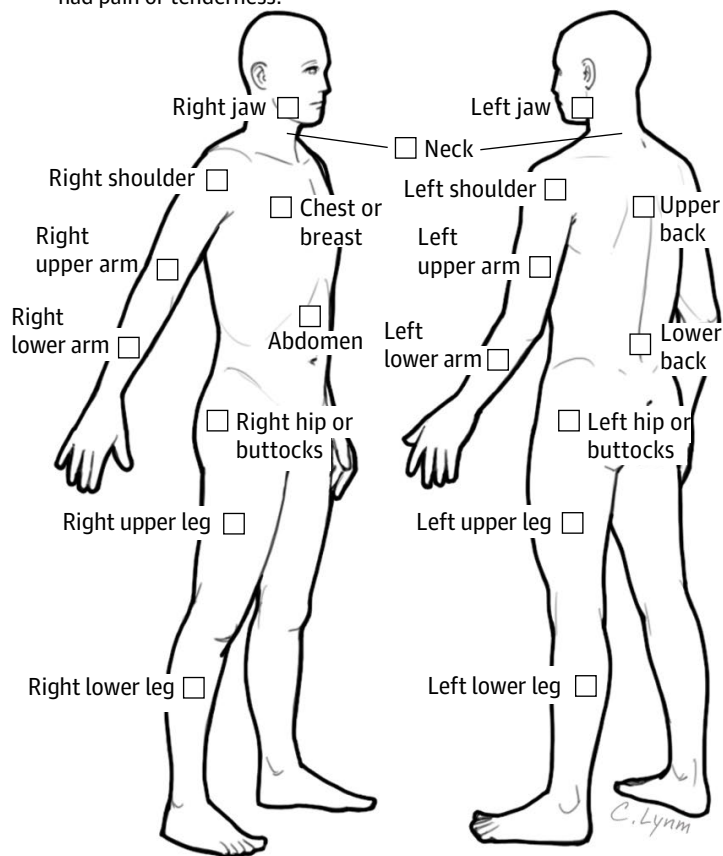
No Yes

Example of a Patient Self-report Survey for the Assessment of Fibromyalgia Based on Criteria in the 2011 Modification of the ACR Preliminary Diagnostic Criteria for Fibromyalgia^a

CLINICIAN VERSION

Widespread Pain Index (1 point per check box; score range: 0-19 points)

- ① Please indicate if you have had pain or tenderness during the past 7 days in the areas shown below. Check the boxes in the diagram for each area in which you have had pain or tenderness.



Widespread Pain Index Total (maximum, 19 points) _____

Symptom Severity (score range: 0-12 points)

- ② Using the following scale, indicate for each item your severity over the past week by checking the appropriate box.

No problem

Slight or mild problem: generally mild or intermittent

Moderate problem: considerable problems; often present and/or at a moderate level

Severe problem: continuous, life-disturbing problems

	No problem	Slight or mild problem	Moderate problem	Severe problem
A. Fatigue	<input type="checkbox"/> =0	<input type="checkbox"/> =1	<input type="checkbox"/> =2	<input type="checkbox"/> =3
B. Trouble thinking or remembering	<input type="checkbox"/> =0	<input type="checkbox"/> =1	<input type="checkbox"/> =2	<input type="checkbox"/> =3
C. Waking up tired (unrefreshed)	<input type="checkbox"/> =0	<input type="checkbox"/> =1	<input type="checkbox"/> =2	<input type="checkbox"/> =3

Subtotal (maximum, 9 points) _____

- ③ During the past 6 months have you had any of the following symptoms?

- A. Pain or cramps in lower abdomen No =0 Yes =1
- B. Depression No =0 Yes =1
- C. Headache No =0 Yes =1

Subtotal (maximum, 3 points) _____

Symptom Severity Score Total (maximum, 12 points) _____

The following questions do not receive a score, but are criteria to be considered as part of the diagnostic assessment.

- ④ Have the symptoms in questions 2-3 and pain been present at a similar level for at least 3 months? No Yes
- ⑤ Do you have a disorder that would otherwise explain the pain? No Yes

Total (maximum, 31 points) _____

Scoring information is shown in blue. The possible score ranges from 0 to 31 points. A score equal to or greater than 13 points is consistent with a diagnosis of fibromyalgia. In addition to a cutpoint of 13 points, diagnostic criteria in the 2011 Modification of the ACR preliminary diagnostic criteria for fibromyalgia^a specify the presence of the following 3 conditions: [1] Widespread Pain Index ≥ 7 and Symptom Severity ≥ 5 or Widespread Pain Index between 3 and 6 and Symptom Severity ≥ 9 ; [2] Presence of symptoms at a similar level for at least 3 months; [3] The patient has no other disorder to explain the pain.

^aReference: Wolfe F, Clauw DJ, Fitzcharles MA, et al. Fibromyalgia criteria and severity scales for clinical and epidemiological studies: a modification of the ACR preliminary diagnostic criteria for fibromyalgia. *J Rheumatol.* 2011;38(6):1113-1122.