

Fibromyalgia Questionnaire Worksheet

Patient information	
Name:	Date:
Age:	Contact information:
Patient history	
Relevant medical history:	
Medications and treatments:	
Lifestyle information	
Dietary habits:	
Exercise routine:	
Stress level (1 [low] – 10 [high]):	
<input type="checkbox"/> 1 2 3 4 5 6 7 8 9 10	

Part 1: Widespread pain index

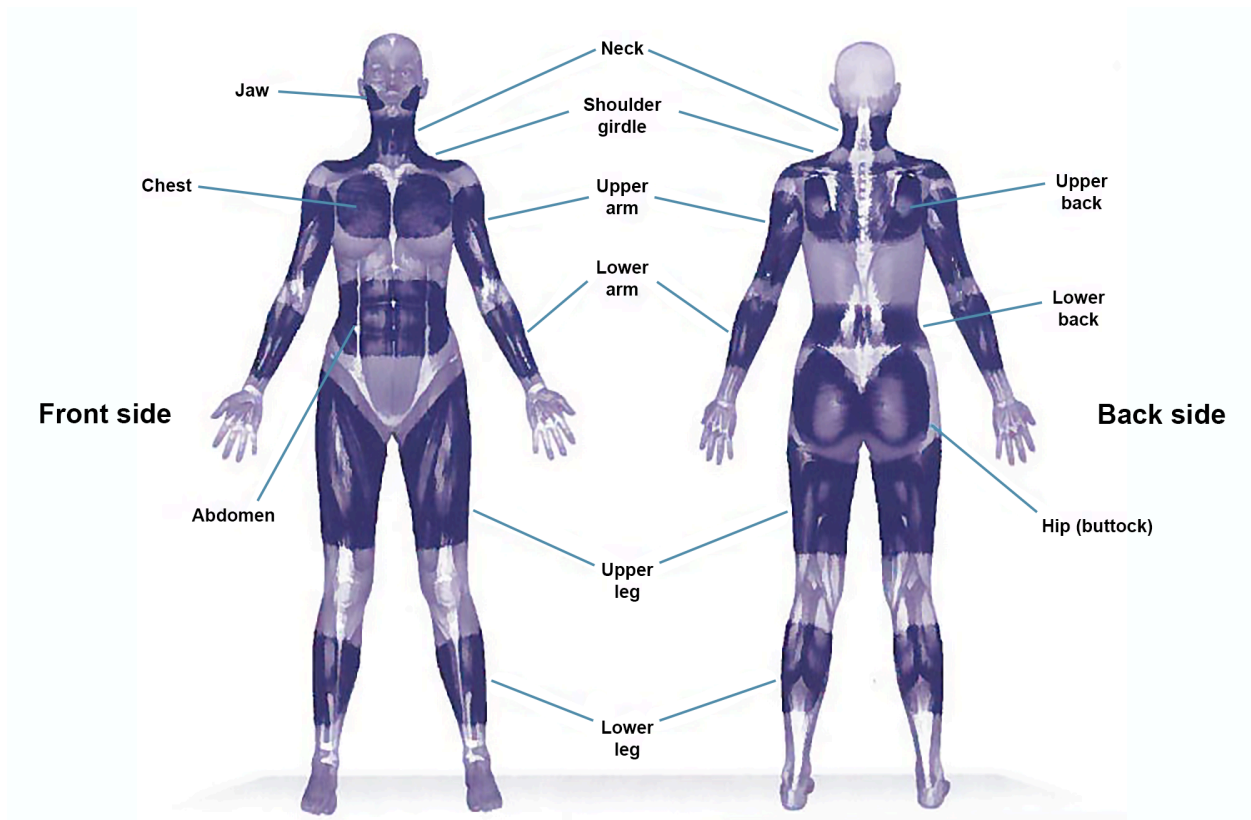
How to calculate the patient's widespread pain index (WPI):

1. Using the list of 19 body areas, identify the areas where the patient felt pain over the past week. As a visual aid front / back body diagrams are included.
 - Each are identified on the list counts as 1
2. Total the number of body areas (the WPI score can range from 0 to 19).

Write the patient's WPI score here:

Identify the areas where the patient felt pain over the past week:

- | | | |
|---|------------------|------------|
| <input type="checkbox"/> Shoulder girdle, left | Upper leg, left | Neck |
| <input type="checkbox"/> Shoulder girdle, right | Upper leg, right | Upper back |
| <input type="checkbox"/> Upper arm, left | Lower leg, left | Lower back |
| <input type="checkbox"/> Upper arm, right | Lower leg, right | |
| <input type="checkbox"/> Lower arm, left | Jaw, left | |
| <input type="checkbox"/> Lower arm, right | Jaw, right | |
| <input type="checkbox"/> Hip (buttock), left | Chest | |
| <input type="checkbox"/> Hip (buttock), right | Abdomen | |



Part 2A: Symptom severity scale (Scale of severity)

How to measure the patient's level of symptom severity:

1. Using a scale of 0 to 3, indicate the patient's level of symptom severity over the past week in each of the 3 symptom category. Choose only 1 level of severity for each category.
 - The score is the sum of the numbers that correspond to the severity levels identifies in all 3 categories.
2. Total the scale numbers for all the 3 categories and write the number here:

Fatigue:

- 0 = No problem
- 1 = Slight or mild problems; generally mild or intermittent
- 2 = Moderate; considerable problems; often present and / or at moderate level
- 3 = Severe; pervasive, continuous, life-disturbing problems

Waking unrefreshed:

- 0 = No problem
- 1 = Slight or mild problems; generally mild or intermittent
- 2 = Moderate; considerable problems; often present and / or at a moderate level
- 3 = Severe; pervasive, continuous, life-disturbing problems

Cognitive symptoms:

- 0 = No problem
- 1 = Slight or mild problems; generally mild or intermittent
- 2 = Moderate; considerable problems; often present and / or at a moderate level
- 3 = Severe; pervasive, continuous, life-disturbing problems

Part 2B: Symptom severity scale (Other somatic symptoms)

How to measure the patient's level of symptom severity:

Using the symptoms list on the following page, determine the extent of the somatic symptoms the patient may have experienced over the past week.

1. Determine the quantity of somatic symptoms using the list on the following page.
2. Using your best judgment, calculate the score that matches the quantity of those somatic symptoms and write the number here:

Add the scores from the Part 2a and 2b (the Symptom Severity score, or SS score, can range from 0 to 12) Write the patient's SS score here:

Other somatic symptoms:

- | | | |
|---|---|---|
| <input type="checkbox"/> Muscle pain | <input type="checkbox"/> Nausea | <input type="checkbox"/> Oral ulcers |
| <input type="checkbox"/> Irritable bow syndrome | <input type="checkbox"/> Nervousness | <input type="checkbox"/> Loss / change in taste |
| <input type="checkbox"/> Fatigue / tiredness | <input type="checkbox"/> Chest pain | <input type="checkbox"/> Seizures |
| <input type="checkbox"/> Thinking or memory problem | <input type="checkbox"/> Blurred vision | <input type="checkbox"/> Dry eyes |
| <input type="checkbox"/> Muscle weakness | <input type="checkbox"/> Fever | <input type="checkbox"/> Shortness of breath |
| <input type="checkbox"/> Headache | <input type="checkbox"/> Diarrhea | <input type="checkbox"/> Loss of appetite |
| <input type="checkbox"/> Pain / cramps in abdomen | <input type="checkbox"/> Dry mouth | <input type="checkbox"/> Rash |
| <input type="checkbox"/> Numbness / tingling | <input type="checkbox"/> Itching | <input type="checkbox"/> Sun sensitivity |
| <input type="checkbox"/> Dizziness | <input type="checkbox"/> Wheezing | <input type="checkbox"/> Hearing difficulties |
| <input type="checkbox"/> Insomnia | <input type="checkbox"/> Raynaud's | <input type="checkbox"/> Easy bruising |
| <input type="checkbox"/> Depression | <input type="checkbox"/> Hives / welts | <input type="checkbox"/> Hair loss |
| <input type="checkbox"/> Constipation | <input type="checkbox"/> Vomiting | <input type="checkbox"/> Frequent urination |
| <input type="checkbox"/> Pain in upper abdomen | <input type="checkbox"/> Heartburn | <input type="checkbox"/> Bladder spasms |

Based on the quantity of symptoms, the patient's score is:

- | | |
|---|--|
| <input type="checkbox"/> 0 = No symptoms | <input type="checkbox"/> 2 = A moderate number of symptoms |
| <input type="checkbox"/> 1 = Few symptoms | <input type="checkbox"/> 3 = A great deal of symptoms |

What the patient's score means

The patient's WPI score (Part 1):

The patient's SS score (Part 2a and 2b):

A patient meets the diagnostic criteria for fibromyalgia if the following 3 conditions are met:

1a. The WPI score (Part 1) is greater or equal to 7 and the SS score (Parts 2a and 2b) is greater than or equal to 5.

OR

1b. The WPI score (Part 1) is from 3 to 6 and the SS score (Part 2a and 2b) is greater than or equal to 9.

2. Symptoms have been present at a similar level for at least 3 months.

3. The patient does not have a disorder that would otherwise explain the pain.

Reference: Wolfe, F., Clauw, D. J., Fitzcharles, M.-A., Goldenberg, D. L., Katz, R. S., Mease, P., Russell, A. S., Russell, I. J., Winfield, J. B., & Yunus, M. B. (2010). The American College of Rheumatology preliminary diagnostic criteria for fibromyalgia and measurement of symptom severity. *Arthritis Care & Research*, 62(5), 600–610. <https://doi.org/10.1002/acr.20140>