

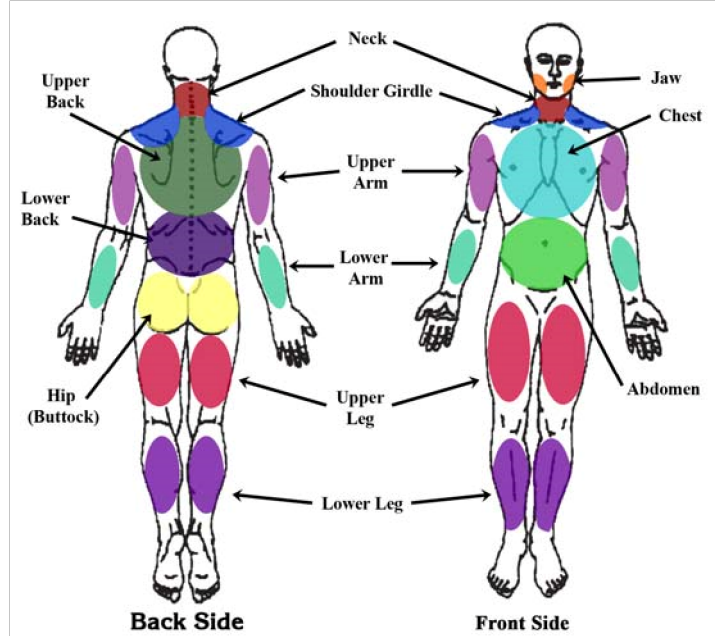
# New Clinical Fibromyalgia Diagnostic Criteria – Part 1.

To answer the following questions, patients should take into consideration

- how you felt the **past week**, **Determining Your Widespread Pain Index (WPI)**
- while taking your current therapies and treatments, and
- exclude your pain or symptoms from other known illnesses such as arthritis, Lupus, Sjogren’s, etc.

The WPI Index score from Part 1 is between 0 and 19.

**Check each area you have felt pain in over the past week.**



- |                        |                     |
|------------------------|---------------------|
| Shoulder girdle, left  | Lower leg left      |
| Shoulder girdle, right | Lower leg right     |
| Upper arm, left        | Jaw left            |
| Upper arm, right       | Jaw right           |
| Lower arm, left        | Chest               |
| Lower arm, right       | Abdomen             |
| Hip (buttock) left     | Neck                |
| Hip (buttock) right    | Upper back          |
| Upper leg left         | Lower back          |
| Upper leg right        | None of these areas |

Count up the number of areas checked and enter your Widespread Pain Index or WPI score here \_\_\_\_.

## Symptom Severity Score (SS score) - Part 2a.

Indicate your level of symptom severity over the past week using the following scale.

### Fatigue

- 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

### 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

Tally your score for Part 2a (not the number of checkmarks) and enter it here \_\_\_\_.

## Symptom Severity Score (SS score)- Part 2b

Check each of the following **OTHER SYMPTOMS** that you have experienced over the **past week?**

Muscle pain	Nervousness	Loss/change in taste
Irritable bowel syndrome	Chest pain	Seizures
Fatigue/tiredness	Blurred vision	Dry eyes
Thinking or remembering problem	Fever	Shortness of breath
Muscle Weakness	Diarrhea	Loss of appetite
Headache	Dry mouth	Rash
Pain/cramps in abdomen	Itching	Sun sensitivity
Numbness/tingling	Wheezing	Hearing difficulties
Dizziness	Raynaud's	Easy bruising
Insomnia	Hives/welts	Hair loss
Depression	Ringings in ears	Frequent urination
Constipation	Vomiting	Painful urination
Pain in upper abdomen	Heartburn	Bladder spasms
Nausea	Oral ulcers	

Count up the number of symptoms checked above.

\*If you tallied:

0 symptoms Give yourself a score of 0

1 to 10 Give yourself a score of 1 11 to 24

Give yourself a score of 2 25 or

more Give yourself a score of 3

**Enter your score for Part 2b here \_\_\_\_.**

**Now add Part 2a AND 2b scores, and enter \_\_\_\_.**

This is your Symptom Severity Score (SS score), which can range from 0 to 12.