Fibromyalgia Screening
(to be completed by patient)

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.

Symptom Severity
(score range: 0-12 points)

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

<table>
<thead>
<tr>
<th>Points</th>
<th>No problem</th>
<th>Slight or mild problem</th>
<th>Moderate problem</th>
<th>Severe problem</th>
</tr>
</thead>
<tbody>
<tr>
<td>A. Fatigue</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>B. Trouble thinking or remembering</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>C. Waking up tired (unrefreshed)</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
</tbody>
</table>

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

   Points
   A. Pain or cramps in lower abdomen | No | 1 | Yes |
   B. Depression | No | Yes |
   C. Headache | No | Yes |

Additional criteria (no score)

4. Have the symptoms in questions 2 and 3 and widespread 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

Check our Website: uhs.berkeley.edu to learn more about this and other medical concerns.
For Appointments: etang.berkeley.edu or call 510-642-2000 For Advice: call 510-643-7197