Supplementary Online Content


eFigure 1. 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

eFigure 2. Patient Self-report Survey for the Assessment of Fibromyalgia

This supplementary material has been provided by the author to give readers additional information about their work.
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

A. Fatigue
   - No problem
   - Slight or mild problem
   - Moderate problem
   - Severe problem

B. Trouble thinking or remembering
   - No problem
   - Slight or mild problem
   - Moderate problem
   - Severe problem

C. Waking up tired (unrefreshed)
   - No problem
   - Slight or mild problem
   - Moderate problem
   - Severe problem

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

A. Pain or cramps in lower abdomen
   - No
   - Yes

B. Depression
   - No
   - Yes

C. Headache
   - No
   - 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

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

1. **During the past 7 days** indicate if you have had pain or tenderness 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. 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

   A. Fatigue
   B. Trouble thinking or remembering
   C. Waking up tired (unrefreshed)

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

   A. Pain or cramps in lower abdomen
   B. Depression
   C. Headache

**Widespread Pain Index Total (maximum, 19 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?

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

**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 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.