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

   ![Diagram with checkboxes for areas such as jaw, shoulder, upper arm, lower arm, back, and abdomen.]

<table>
<thead>
<tr>
<th>Symptom</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></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>B. Trouble thinking or remembering</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>C. Waking up tired (unrefreshed)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

**CLINICIAN VERSION**

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

> 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)**

> 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

<table>
<thead>
<tr>
<th>Symptom</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>

**Subtotal (maximum, 9 points)**

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

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

<table>
<thead>
<tr>
<th>Symptom</th>
<th>No problem</th>
<th>Yes</th>
</tr>
</thead>
<tbody>
<tr>
<td>A. Pain or cramps in lower abdomen</td>
<td>No =0</td>
<td>Yes =1</td>
</tr>
<tr>
<td>B. Depression</td>
<td>No =0</td>
<td>Yes =1</td>
</tr>
<tr>
<td>C. Headache</td>
<td>No =0</td>
<td>Yes =1</td>
</tr>
</tbody>
</table>

**Subtotal (maximum, 3 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

**Widespread Pain Index Total (maximum, 19 points)**

**Symptom Severity Score Total (maximum, 12 points)**

**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.