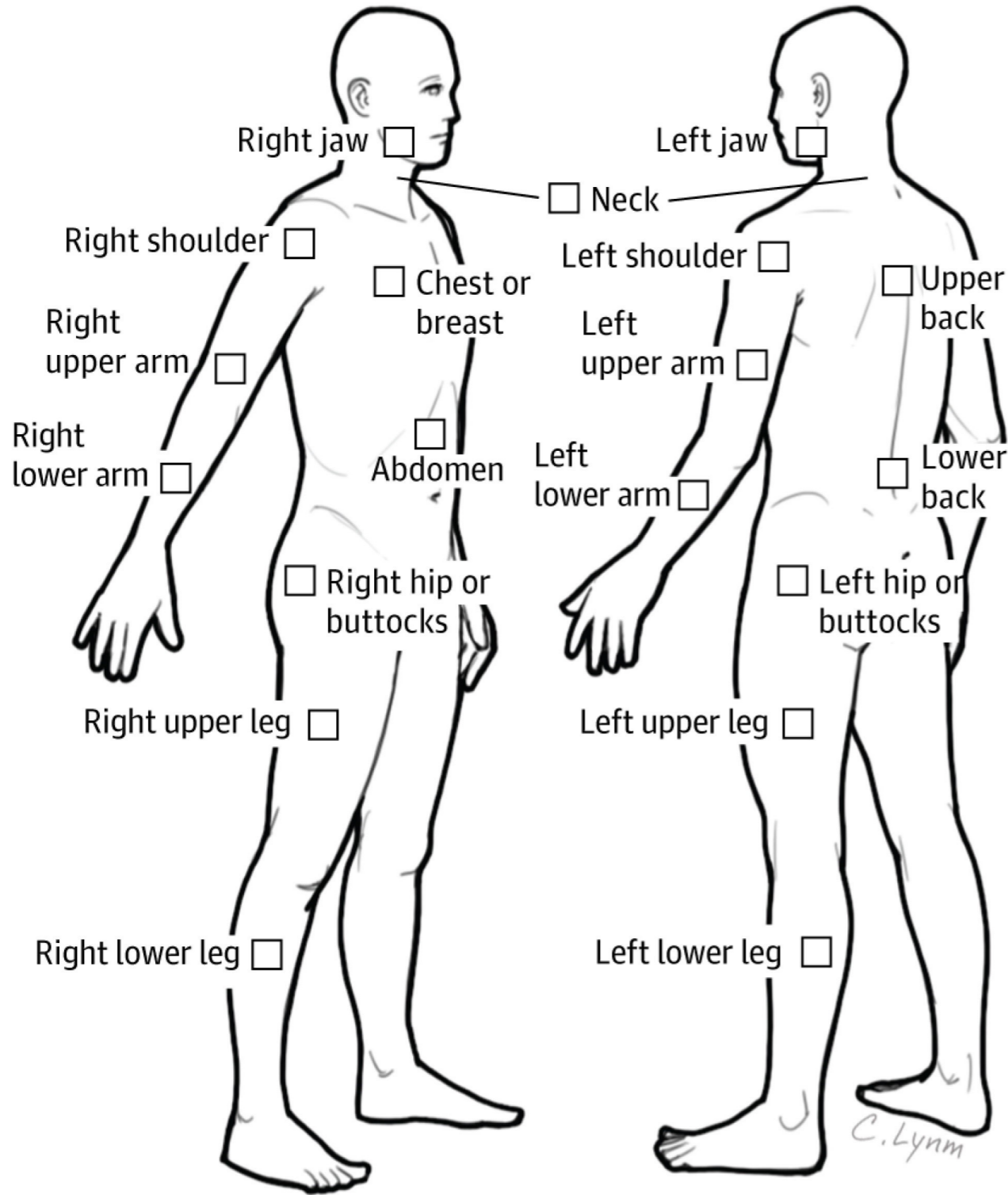


Widespread Pain Index
(1 point per check box; score range: 0-19 points)

- 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.



Wolfe F, Clauw DJ, FitzcharlesMA, et al. Fibromyalgia criteria and severity scales for clinical and epidemiological studies: a modification of the ACR preliminary diagnostic criteria for fibromyalgia. *J Rheumatol.* 2011;38(6):1113-1122.

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

	No problem	Slight or mild problem	Moderate problem	Severe problem
Points	0	1	2	3
A. Fatigue	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. Trouble thinking or remembering	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C. Waking up tired (unrefreshed)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

	0	1
A. Pain or cramps in lower abdomen	<input type="checkbox"/> No	<input type="checkbox"/> Yes
B. Depression	<input type="checkbox"/> No	<input type="checkbox"/> Yes
C. Headache	<input type="checkbox"/> No	<input type="checkbox"/> 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