Fibromyalgia syndrome diagnostic worksheet

Symptom severity index (SSI)

	g scale, indicate the severity	een present for 3 months of of each symptom over the po		No
the appropriate number.		No problem	Mild Moderat	e Severe
Fatigue		0		2 3
Trouble thinking or reme	embering	0		2 3
Waking up tired (unrefre		0	1	2 3
During the past 6 mont	ths, have you had any of t	he following symptoms?		
Pain or cramps in lower a		ne ronowing symptoms:	Yes	No
Depression	Baomen		Yes	No
Headache			Yes	No
Total score* for the SSI				
*The sum of the three scaled sy The total will be between 0 an		e other symptoms (pain or cramps, c	lepression, headache).	
Body map				
Use the figures to record v in detail. Shade the areas where you have felt persis pain for the past 3 month (chronic pain).	of your body tent or recurrent			
Calculating the WPI	score			
Use this checklist to calcu	ılate the widespread pain inde as where you have had chroni			
Region 1: left upper	Region 2: right upper	Region 3: left lower	Region 4: right lower	Region 5: axial
□Ljaw	R jaw	L hip and/or L buttock	R hip and/or R buttock	Neck
L shoulder girdle	R shoulder girdle	L upper leg and/or L groin	R upper leg and/or R groin	Upper back
L lower arm	R upper arm	L lower leg and/or L ankle/foot, L knee	R lower leg and/or R ankle/foot, R knee	☐ Lower back☐ Chest (L and/or R)
L wrist/hand, L elbow	R wrist/hand, R elbow			Abdomen
Total score [†] for the WPI †The total will be between 0 ar		i) widespread pain inde	despread pain >3 months duration x (WPI) ≥7 and symptom severity re ≥9, with pain in 4/5 body regior	scale (SSS) score ≥5, or

[†]The total will be between 0 and 19.

L=left; R=right