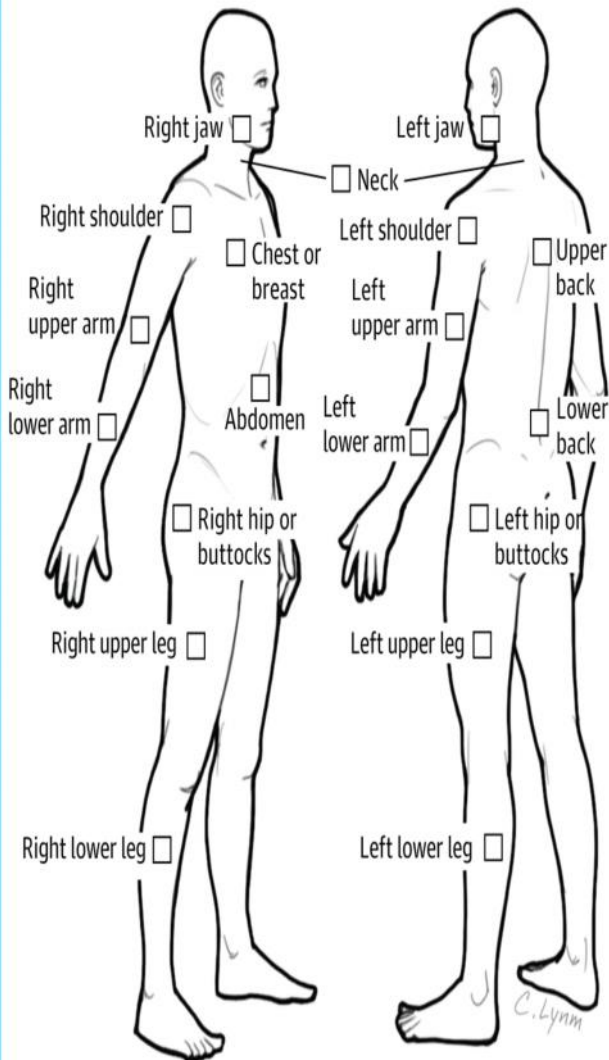


Widespread Pain Index

(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

	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