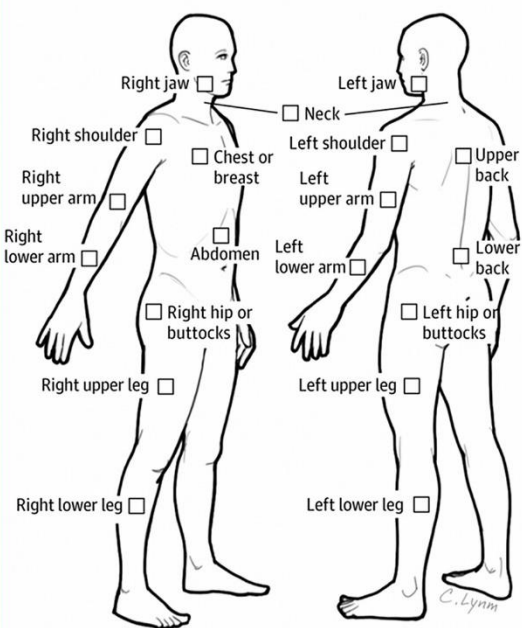


## 2011 Survey Criteria for Fibromyalgia

### 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           |
|------------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| <b>Points</b>                      | <b>0</b>                 | <b>1</b>                 | <b>2</b>                 | <b>3</b>                 |
| 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

The *Widespread Pain Index* and *Symptom Severity Index* are combined for a total FM score of 0–31. When employed as a dichotomous measure with a variety of “cut points” that can be used, this measure will roughly identify most of the same individuals as the original tender point-based 1990 FM criteria (except with many more males) (Wolfe, Clauw, et al., 2010; Wolfe et al., 2011). However, when FM is considered more as a physiological construct to determine where on the continuum of central sensitization an individual is, then this score can be used as a continuous measure (i.e., reflecting the degree of *fibromyalginess* or central sensitization) that can be useful in the diagnosis and treatment of virtually any patient with a rheumatic disorder who is experiencing pain (Wolfe, 2009)

#### Reference:

Harte SE et al, The neurobiology of central sensitization, *Journal of Applied Biobehavioral Research*, Volume: 23, Issue: 2, First published: 27 June 2018, DOI: (10.1111/jabr.12137)

FIGURE 2 The 2011 Survey Criteria for Fibromyalgia (Wolfe et al., 2011) using the Michigan Body Map (Brummett, Bakshi et al., 2016)

Source: <https://onlinelibrary.wiley.com/doi/full/10.1111/jabr.12137>