

2010 Fibromyalgia criteria form

1. Please circle/mark all areas in which you have had pain in the past week:

Left jaw	Neck	Right jaw
Left shoulder girdle	Upper back	Right shoulder girdle
Left upper arm	Lower back	Right upper arm
Left lower arm	Chest	Right lower arm
Left hip (buttock or side of hip)	Abdomen	Right hip (buttock or side of hip)
Left upper leg		Right upper leg
Left lower leg		Right lower leg

2. Please mark the level of severity for each of the following issues:

	0 = no problem	1 = slight or mild problems, generally mild or intermittent	2 = moderate considerable problems, often present and/or at moderate level	3 = severe: pervasive, continuous, life-disturbing problems
Fatigue	0	1	2	3
Waking unrefreshed	0	1	2	3
Cognitive symptoms	0	1	2	3

3. Please circle which of the following symptoms you have experienced recently:

Muscle pain	Constipation	Hives/welts	Rash
Irritable bowel syndrome	Pain in upper abdomen	Raynaud's (fingers/toes turn white/blue in cold)	Sun sensitivity
Fatigue/tiredness	Nausea	ringing in ears	Hearing difficulties
Thinking/remembering problem	Nervousness	Vomiting	Easy bruising
Muscle weakness	Chest pain	Heartburn	Hair loss
Headache	Blurred vision	Ulcers in the mouth	Frequent urination
Pain/cramps in abdomen	Fever	Loss of/change in taste	Painful urination
Numbness/tingling	Diarrhea	Seizures	Bladder spasms
Dizziness	Dry mouth	Dry eyes	
Insomnia	Itching	Shortness of breath	
Depression	Wheezing	Loss of appetite	