

Fibromyalgia Diagnostic Criteria Checklist

Personal Information

Patient Name: _____ Patient ID/Chart Number: _____

Date of Birth (MM/DD/YYYY): _____ Age: _____ Gender: _____

Phone No: _____ Email: _____

Date of Evaluation: _____ Physician: _____

1. Widespread Pain Index (WPI)

Indicate areas where the patient has felt pain in the last week. Check all that apply.

<input type="checkbox"/> Jaw (left side)	<input type="checkbox"/> Upper leg (left)
<input type="checkbox"/> Jaw (right side)	<input type="checkbox"/> Upper leg (right)
<input type="checkbox"/> Shoulder (left)	<input type="checkbox"/> Lower leg (left)
<input type="checkbox"/> Shoulder (right)	<input type="checkbox"/> Lower leg (right)
<input type="checkbox"/> Upper arm (left)	<input type="checkbox"/> Chest
<input type="checkbox"/> Upper arm (right)	<input type="checkbox"/> Abdomen
<input type="checkbox"/> Lower arm (left)	<input type="checkbox"/> Upper back
<input type="checkbox"/> Lower arm (right)	<input type="checkbox"/> Lower back
<input type="checkbox"/> Hip (left)	<input type="checkbox"/> Neck
<input type="checkbox"/> Hip (right)	

• Total WPI Score: _____ /19

2a. Symptom Severity Score (SS Score)

Check each of the following OTHER SYMPTOMS that you have experienced over the past week.

Fatigue

0 = No problem

- 1 = Slight or mild problems; generally mild or intermittent
- 2 = Moderate; considerable problems; often present and/or at a moderate level
- 3 = Severe: pervasive, continuous, life disturbing problems

Waking Unrefreshed

- 0 = No problem
- 1 = Slight or mild problems; generally mild or intermittent
- 2 = Moderate; considerable problems; often present and/or at a moderate level
- 3 = Severe: pervasive, continuous, life disturbing problems

Cognitive Symptoms

- 0 = No problem
- 1 = Slight or mild problems; generally mild or intermittent
- 2 = Moderate; considerable problems; often present and/or at a moderate level
- 3 = Severe: pervasive, continuous, life disturbing problems

Enter your total score for Part 2a here: _____

2b. Symptom Severity Score (SS Score)

<input type="checkbox"/> Muscle pain	<input type="checkbox"/> Depression	<input type="checkbox"/> Wheezing	<input type="checkbox"/> Loss of appetite
<input type="checkbox"/> Irritable bowel syndrome	<input type="checkbox"/> Constipation	<input type="checkbox"/> Raynaud's	<input type="checkbox"/> Rash
<input type="checkbox"/> Fatigue/tiredness	<input type="checkbox"/> Pain in upper abdomen	<input type="checkbox"/> Hives/welts	<input type="checkbox"/> Sun sensitivity
<input type="checkbox"/> Thinking or remembering problem	<input type="checkbox"/> Nausea	<input type="checkbox"/> Ringing in ears	<input type="checkbox"/> Hearing difficulties
<input type="checkbox"/> Muscle Weakness	<input type="checkbox"/> Nervousness	<input type="checkbox"/> Vomiting	<input type="checkbox"/> Easy bruising
<input type="checkbox"/> Headache	<input type="checkbox"/> Chest pain	<input type="checkbox"/> Heartburn	<input type="checkbox"/> Hair loss
<input type="checkbox"/> Pain/cramps in abdomen	<input type="checkbox"/> Blurred vision	<input type="checkbox"/> Oral ulcers	<input type="checkbox"/> Frequent urination
<input type="checkbox"/> Numbness/tingling	<input type="checkbox"/> Fever	<input type="checkbox"/> Loss/change in taste	<input type="checkbox"/> Painful urination
<input type="checkbox"/> Dizziness	<input type="checkbox"/> Diarrhea	<input type="checkbox"/> Seizures	<input type="checkbox"/> Bladder spasms
<input type="checkbox"/> Insomnia	<input type="checkbox"/> Dry mouth	<input type="checkbox"/> Dry eyes	
	<input type="checkbox"/> Itching	<input type="checkbox"/> Shortness of breath	

Count up the number of symptoms checked above.

Scoring:

- 0 symptoms: Score of **0**
- 1 to 10 symptoms: Score of **1**
- 11 to 24 symptoms: Score of **2**
- 25 or more symptoms: Score of **3**

Enter your score for Part 2b here: _____

Combined SS Score:

Now add Part 2a (Fatigue, Waking unrefreshed, Cognitive symptoms) AND 2b scores, and enter below.

Total Symptom Severity Score (SS Score) (0 to 12): _____

Diagnostic Criteria for Fibromyalgia

A patient meets the diagnostic criteria for fibromyalgia if the following three conditions are met:

1. Widespread Pain Index (WPI) and Symptom Severity (SS) Score Criteria

- **1a.** The WPI score (Part 1) is greater than or equal to 7 **AND** the SS score (Part 2a & b) is greater than or equal to 5.
OR
- **1b.** The WPI score (Part 1) is from 3 to 6 **AND** the SS score (Part 2a & b) is greater than or equal to 9.

2. Duration of Symptoms

- Symptoms have been present at a similar level for at least 3 months.

3. Exclusion of Other Disorders

- You do not have a disorder that would otherwise explain the pain.

Examples:

- If your WPI (Part 1) was 9 and your SS score (Parts 2a & b) was 6, then you would meet the new FM diagnostic criteria.
- If your WPI (Part 1) was 5 and your SS score (Parts 2a & b) was 7, then you would **NOT** meet the new FM diagnostic criteria.

NOTES:

References:

<https://www.rcp.ac.uk/guidelines-policy/diagnosis-fibromyalgia-syndrome> <https://www.fmnetnews.com/>

