

## APPENDIX D

### 2010 American College of Rheumatology Diagnostic Criteria for Fibromyalgia\* [1]

Using the following scale, indicate for each item your severity **over the past week** by checking the appropriate box.

- 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; continuous, life-disturbing problems

Fatigue	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
Trouble thinking or remembering	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
Waking up tired (unrefreshed)	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3

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During the past 6 months have you had any of the following symptoms?

Pain or cramps in lower abdomen:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Depression:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Headache:	<input type="checkbox"/> Yes	<input type="checkbox"/> No

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#### JOINT/BODY PAIN

Please indicate below if you have had pain or tenderness over the past 7 days in each of the areas listed below.  
Please make an X in the box if you have had pain or tenderness. Be sure to mark both right side and left side separately

<input type="checkbox"/> Shoulder, Lt. <input type="checkbox"/> Shoulder, Rt.	<input type="checkbox"/> Upper Leg, Lt. <input type="checkbox"/> Upper Leg, Rt.	<input type="checkbox"/> Lower Back <input type="checkbox"/> Upper Back <input type="checkbox"/> Neck
<input type="checkbox"/> Hip, Lt. <input type="checkbox"/> Hip, Rt.	<input type="checkbox"/> Lower Leg, Lt. <input type="checkbox"/> Lower Leg, Rt.	
<input type="checkbox"/> Upper Arm, Lt. <input type="checkbox"/> Upper Arm, Rt.	<input type="checkbox"/> Jaw, Lt. <input type="checkbox"/> Jaw, Rt.	<input type="checkbox"/> No pain in any of these areas
<input type="checkbox"/> Lower Arm, Lt. <input type="checkbox"/> Lower Arm, Rt.	<input type="checkbox"/> Chest <input type="checkbox"/> Abdomen	

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\*For scoring, see original reference below.

1. Wolfe, F., et al., Fibromyalgia criteria and severity scales for clinical and epidemiological studies: a modification of the ACR Preliminary Diagnostic Criteria for Fibromyalgia. *Journal of Rheumatology*, 2011. 38(6): p. 1113-22.