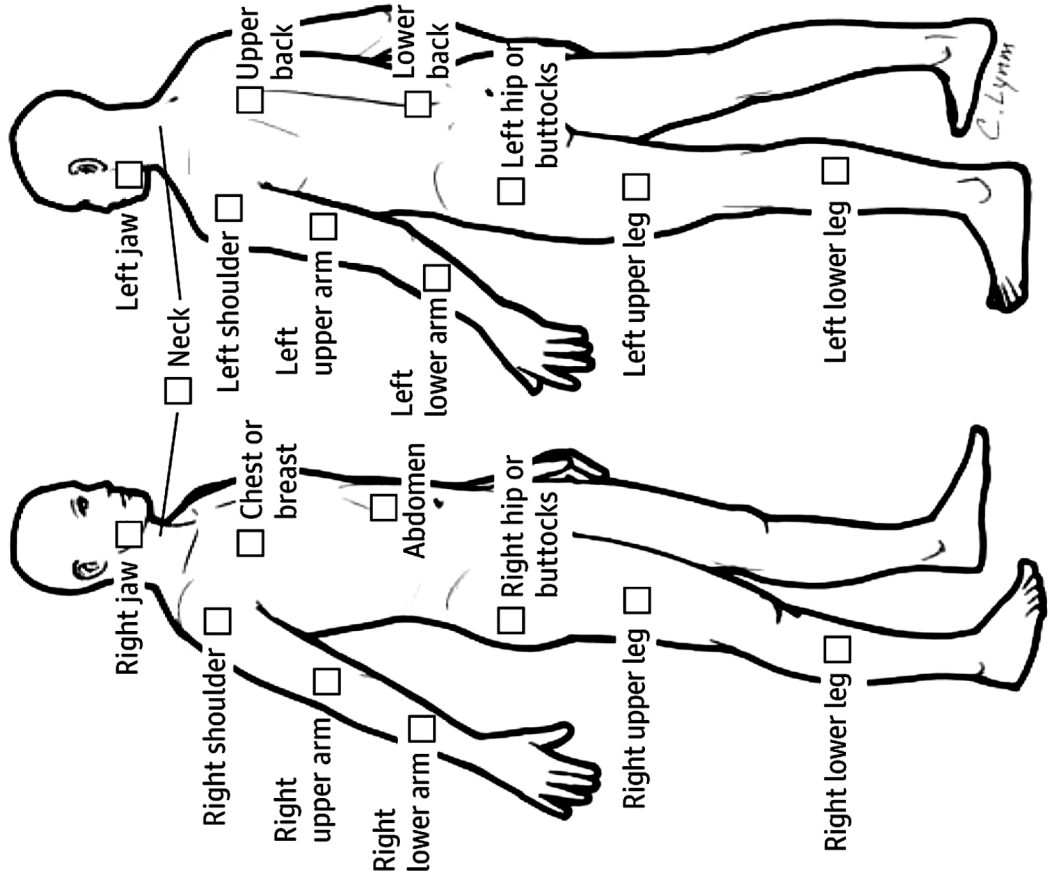


Widespread Pain Index

(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.



WPI Score: _____

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

SS Score: _____

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

Total Score: _____

PHQ-4				
Over the last 2 weeks, how often have you been bothered by the following problems? (use "✓" to indicate your answer)	Not at all	Several days	More than half the days	Nearly every day
1. Feeling nervous, anxious or on edge	0	1	2	3
2. Not being able to stop or control worrying	0	1	2	3
3. Little interest or pleasure in doing things	0	1	2	3
4. Feeling down, depressed, hopeless	0	1	2	3

A _____ D _____

PC-PTSD	
In your life, have you ever had any experience that was so frightening, horrible, or upsetting that, in the past month, you:	
1. Have had nightmares about it or thought about it when you did not want to?	YES / NO
2. Tried hard not to think about it or went out of your way to avoid situations that reminded you of it?	YES / NO
3. Were constantly on guard, watchful, or easily startled?	YES / NO
4. Felt numb or detached from others, activities, or your surroundings?	YES / NO

_____ /4

RATING:

0 - Not at all | 1 - To a slight degree | 2 - To a moderate degree | 3 - To a great degree | 4 - All the time

WHEN I'M IN PAIN...	RATING
I worry all the time about whether the pain will end.	
I feel I can't go on.	
It's terrible and I think it's never going to get any better.	
It's awful and I feel that it overwhelms me.	
I feel I can't stand it anymore.	
I become afraid that the pain will get worse.	
I keep thinking of other painful events.	
I anxiously want the pain to go away.	
I can't seem to keep it out of my mind.	
I keep thinking about how much it hurts.	
I keep thinking about how badly I want the pain to stop.	
There's nothing I can do to reduce the intensity of the pain.	
I wonder whether something serious may happen.	

Total _____

To the best of my knowledge, all of the above is true:

Patient's Signature

Date