MAPP research network MAPP II SPS	**Participant ID:** __ __ __ __ __ __	**Pin #** __ __ __ __
	Discovery Site: __ __	**Clinical Center** __ __
	CRF Date: __ __/__ __/__ __ __ __	**Visit #:** __ __

COMPLEX MEDICAL SYMPTOMS INVENTORY

Fibromyalgia Symptoms Modified (ACR 2010 Fibromyalgia Diagnostic Criteria)

Participant completes via online survey at ***ALL* Clinic, Online, and ATLAS Contacts.**

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

   No problem

   Slight or mild problems: generally mild or intermittent

   Moderate: considerable problems; often present and/or at a moderate level

   Severe: continuous, life-disturbing problems

	No Problem	Slight or Mild	Moderate	Severe
a. Fatigue	❑0	❑1	❑2	❑3
b. Trouble thinking or remembering	❑0	❑1	❑2	❑3
c. Waking up tired (unrefreshed)	❑0	❑1	❑2	❑3

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

a. Pain or cramps in lower abdomen	❑1 Yes	❑0 No
b. Depression	❑1 Yes	❑0 No
c. Headache	❑1 Yes	❑0 No

4. Have the symptoms in questions 2-3 and pain been present at a similar level for **at least 3 months**? ❑1 Yes ❑0 No

5. Do you have a disorder that would otherwise explain the pain? ❑1 Yes ❑0 No