

	Participant ID: _____	Pin # _____
	Discovery Site: _____	Clinical Center _____
	CRF Date: ___/___/_____	Visit #: _____

**COMPLEX MEDICAL SYMPTOMS INVENTORY – Fibromyalgia, Controls**

MODULE	DIAGNOSIS CRITERIA CITATION	SYMPTOM QUESTION	SUPPORTING SYMPTOMS/ QUALIFIERS	PHYSICAL EXAM	NOTES
<b>M: FM</b>	Fibromyalgia  Wolfe, F. (1990) The ACR 1990 criteria for the classification of fibromyalgia. Report of multicenter criteria committee. Arthritis Rheum, 33:160-172.	(Sx 1) Muscle or joint pain	Pain must be present in all 4 quadrants, including the axial skeleton	Tenderpoint • 11/18 TP to 4kg of digital pressure	N/A

- |                              |                             |      |   |
|------------------------------|-----------------------------|------|---|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | 1A   | Pain in upper right quadrant*                             |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | 1B   | Pain in upper left quadrant*                              |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | 1C   | Pain in lower right quadrant*                             |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | 1D   | Pain in lower left quadrant*                              |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | 1E   | Pain in the axial skeleton (neck, chest, back, buttocks)* |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | 1F   | 11/18 tenderpoints (# TP = _____)                         |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | M:FM | <b>Diagnosis: YES to 1A-1F</b>                            |

\* Can refer to body map on BPI for pain location