

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

COMPLEX MEDICAL SYMPTOMS INVENTORY - Fibromyalgia

MODULE	DIAGNOSIS CRITERIA CITATION	SYMPTOM QUESTION	SUPPORTING SYMPTOMS/ QUALIFIERS	PHYSICAL EXAM	NOTES
M: FM	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"/> ₁ Yes | <input type="checkbox"/> ₀ No | 1A | Pain in upper right quadrant* |
| <input type="checkbox"/> ₁ Yes | <input type="checkbox"/> ₀ No | 1B | Pain in upper left quadrant* |
| <input type="checkbox"/> ₁ Yes | <input type="checkbox"/> ₀ No | 1C | Pain in lower right quadrant* |
| <input type="checkbox"/> ₁ Yes | <input type="checkbox"/> ₀ No | 1D | Pain in lower left quadrant* |
| <input type="checkbox"/> ₁ Yes | <input type="checkbox"/> ₀ No | 1E | Pain in the axial skeleton (neck, chest, back, buttocks)* |
| <input type="checkbox"/> ₁ Yes | <input type="checkbox"/> ₀ No | 1F | 11/18 tenderpoints (# TP = _____) |
| <input type="checkbox"/> ₁ Yes | <input type="checkbox"/> ₀ No | M:FM | Diagnosis: YES to 1A-1F |

* Can refer to body map on BPI for pain location