Pain Survey (FSQ)

1. Please indicate below if you have had pain or tenderness over the past 7 days in each of the areas listed below.

- Shoulder girdle, left
- Shoulder girdle, right
- Upper arm, left
- Upper arm, right
- Lower arm, left
- Lower arm, right
- Hip (buttock) left
- Hip (buttock) right
- Upper leg, left
- Upper leg, right
- Lower leg, left
- Lower leg, right
- Chest
- Abdomen
- Neck
- Upper back
- Lower back
- None of these areas

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

<table>
<thead>
<tr>
<th>None</th>
<th>Slight or mild</th>
<th>Moderate</th>
<th>Severe</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ o</td>
<td>☐ 1</td>
<td>☐ 2</td>
<td>☐ 3</td>
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</tbody>
</table>

   a. Fatigue
   b. Trouble thinking or remembering
   c. Waking up tired (unrefreshed)

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

   a. Pain or cramps in lower abdomen
   b. Depression
   c. Headache

4. Overall, were the symptoms listed in questions 1-3 above, generally present 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