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
- ❑ Jaw, left
- ❑ Jaw, 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.

	None	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. 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

Wolfe, F., Clauw, D.J., Fizcharles, M.A., Goldenberg, D.I., Hauser, W. et al. (2011)