

Fibromyalgia Registration and Patient History/Assessment Form

Toronto Touch Clinic

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Note to patient:

This form collects confidential information. DO NOT forward it to the doctor without instructions. For Dr. Doidge's office, call: 416-461-6984.

This questionnaire was designed for patients that may have or do have fibromyalgia. The first part uses the ACR criteria of 2016 to see if you have it. If you do not have fibromyalgia, there is little point in doing the remainder.

This form is quite long and it requires patience. It is not advisable to try to do it all in one sitting to avoid rushing the answers. Fibromyalgia is very complicated, so it should not come as a surprise that an effort to understand it would also be complicated. Some parts of this form are short questionnaires that require scoring. **DO NOT score yourself. This will be done by your healthcare provider. This form best used using the latest version of adobe acrobat reader. You can download it for free at: <https://get.adobe.com/reader>**

How to send us your form:

Do not send your form to us as an unprotected attachment to an email. If at all possible we would like to obtain your form electronically. If you are not comfortable using computers or with sending your information by electronic means, you can do any one of the following:

- 1) Print it and use traditional mail to send it to us at: Toronto Touch Clinic, 690A Queen Street East, Toronto, Ontario M4M 1G9.**
- 2) Fax it to us at 416-461-3129.**
- 3) Put it on a USB and then deliver it to our Queen Street office by hand delivery of mail.**

If you are comfortable with computers and sending it electronically you can:

Encrypt your document and send it as an attachment to an email. You will then have to give us the password. Here is how to encrypt it:

Open the PDF and choose Tools > Protect > Encrypt > Encrypt with Password. If you receive a prompt, click Yes to change the security. Select Require a Password to Open the Document, then type the password in the corresponding field.

Introduction:

This form was designed so that it can be filled out prior to seeing the doctor or other healthcare professionals, ideally one having a good knowledge of fibromyalgia. Once completed, it should be reviewed in detail with them in a highly interactive meeting, and checked for accuracy, completeness and clarification. At the discretion of the doctor and the patient, there may be situations in which it should be shared with other members of the patient's team of caregivers.

This form was intended to assist in diagnosis, prognosis, treatment and, in some cases, with medico-legal reports. Regarding treatment, it includes aggravating factors and relieving factors. The author also advises that sometime after the form is done, the patient meets with their doctor to discuss how they might reduce the aggravating factors and maximize the relieving factors.

Basic Information and Social Situation:OHIP Number: _____ **Age:** __**Gender at birth:**

Male Female Other

Address:

Street number: _____ Street name: _____ City: _____

Country: _____ Postal Code: _____

Marital status:

Married Single Other Prefer not to say

Children:

(include number of children and their ages)

_____**Education:**

(Include fields of study and highest diploma achieved)

_____**Immigration status:**Born and raised here Immigrated less than one year ago Immigrated more than one year ago
Refugee Other**Living situation:**

How many people do you live with, and what are their relationships to you? (e.g. son, mother, friend, wife or roommate)?

Work status:

Profession: _____

I am working: full time part time unemployed

Disability status:

In your opinion are you?: not disabled partially disabled highly disabled

Has a doctor or an insurance company ever told you that they believe you are disabled?

Yes No

Has a doctor ever diagnosed you with fibromyalgia: Yes No

Pension status:

Question	Yes	No
Are you currently on a pension?		

Have you received money for chronic pain or disability from an insurer? Yes No Are

Are you involved in a lawsuit related to pain or injury? Yes No

Mobility status:

Do you use a wheelchair? Yes No

Can you run? Yes No

If yes, how many minutes without stopping and jogging?

If you use mobility aids, list them here:

Financial status:

Are you living under unusual financial strain? Yes No

Do you have a stable income? Yes No

Can you meet the very basic needs for food, lodging, etc.? Yes No

COMMENTS BY HEALTHCARE PROVIDER ONLY:

Chief Complaint:

If you had to pick one symptom i.e. one thing that bothers you most such as a bad feeling or experience in your body or mind, what would it be? (Please do not say a diagnosis or the name of a disease. Occasionally people have two chief complaints i.e. two equally severe complaints. (Generally, the chief complaint is just one thing, sometimes two if there is a second thing that is equally severe.)

First chief complaint:

Second chief complaint (if any):

Six Main Symptoms of Fibromyalgia Table:

Question	Yes	No	<i>If yes, how long did it last in months?</i>	<i>If yes, was/is it mild?</i>	<i>If yes, was/is it moderate?</i>	<i>If yes, was/is it severe?</i>

Have you had widespread pain with a duration of at least 3months?						
Do you suffer from poor sleep?						
Do you suffer from depression (disturbing excessive sadness)?						
Have you been experiencing excessive anxiety?						
Are you experiencing memory problems?						
Have you been experiencing excessive fatigue?						

COMMENTS BY HEALTHCARE PROVIDER ONLY.

History of present illness:

Explain your problem as a story focussing on your main symptoms. Tell it in chronological order. Indicate the severity of your symptoms and if they are major or minor in your opinion.

Past medical and surgical (operations) history:

List in chronological order the medical problems you have been diagnosed with including injuries. Try to list them in chronological order. Put the year that they first occurred:

Family history (in your close family - parents, children or siblings)

Is your mother alive? Yes No

If no, what did she pass away from and when?

Is your father alive? Yes No

If no, what did he pass away from and when?

COMMENTS BY HEALTHCARE PROVIDER ONLY.

Name of substance	Purpose of use
1.	
2.	
3.	
4.	

Social History:

Do you smoke? Yes No

If yes, how much (packs/day)?

Do you drink alcoholic beverages? Yes No

If yes, how much (times/week)?

Do you use recreational drugs? Yes No Prefer not to say

Allergies:

Do you have any seasonal allergies? Yes No If yes then to what?

Do you have any drug allergies? Yes No If yes, then to what?

COMMENTS BY HEALTHCARE PROVIDER ONLY.

Fibromyalgia Diagnostic Criteria (Base on what is known as the ACR 2016):

Widespread pain index score

In the past week, where have you had pain? (check all that apply).

Left upper region (1)

- L jaw
- L shoulder girdle
- L upper arm
- L lower arm

Right upper region (2)

- R jaw
- R shoulder girdle
- R upper arm
- R lower arm

Left lower region (3)

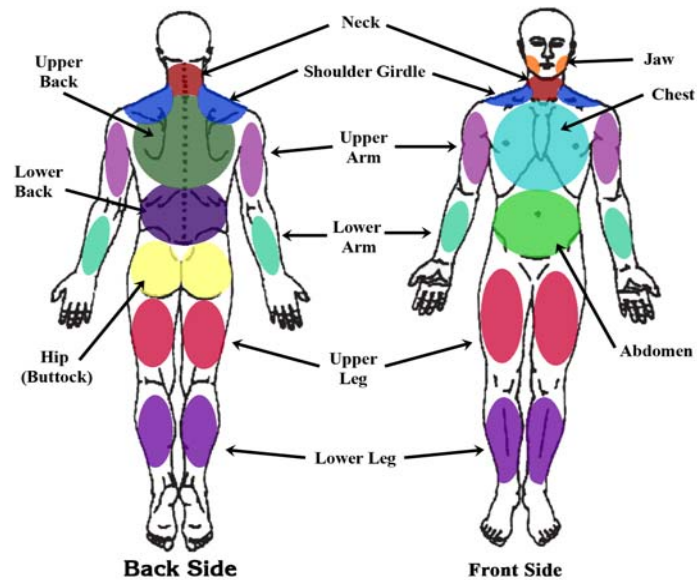
- L hip
(buttock/trochanter)
- L upper leg
- L lower leg

Right lower region (4)

- R hip
(buttock/trochanter)
- R upper leg
- R lower leg

Axial region (5)

- Neck
- Upper back
- Lower back
- Chest
- Abdomen



OFFICE USE ONLY.

Total: widespread pain index score (add up boxes checked, 0-19).

 number of regions checked (excluding items in italics); use this for criterion #2.

COMMENTS BY HEALTHCARE PROVIDER ONLY.

Symptoms Severity Score (SSS)-Part 2a

Introduction:

The SSS scale score is the sum of the severity of the 3 symptoms (fatigue, waking unrefreshed, cognitive symptoms) plus the extent (severity) of somatic symptoms in general. The final score is between 0 and 12.

For each of the following, for the past week, rate.

Symptom	0= No problem	1= slight or mild problem, often mild or intermittent	2=moderate, considerable problem, often present	3=severe, pervasive, continuous, life disturbing
Fatigue				
Waking unrefreshed				
Cognitive symptoms				

In the past week, have you been bothered by any of the following?

	0=No problem	1=Problem
Headaches		
Pain or cramps in lower abdomen		
Depression		

FOR OFFICE USE ONLY. To be calculated by the Healthcare Provider. Total SSS: (0-12)

COMMENTS BY HEALTHCARE PROVIDER ONLY.

1. Criterion 1 is met if EITHER the widespread pain index is greater than or equal to 7 and the symptoms severity score is greater than or equal to 5 **OR** the widespread pain index is 4-6 and the symptom severity score is greater than or equal to 9.
2. Generalized pain: met if you checked pain in 4/5 regions (not including items in italics)
3. Symptoms present \geq 3 months

Fibromyalgia is diagnosed if you meet all 3 criteria 1-3, independent of whether other diagnoses contribute to these symptoms. This is new: FMS diagnosis used to require that there be no other diagnosis to explain the findings.

General pain history: (Not limited to fibromyalgia)

What are your main experiences with pain since you were born? (Try to focus on any that are very important to you. Later you can meet with your doctor to try to uncover more details.

Note any accidents, beatings and fights or pain associated with medical conditions or surgery.)

Widespread fibromyalgia pattern pain history:

Do you have muscle pains that are long standing (more than 3 months) and widespread (in many areas of your body)? Yes No

If you answered yes, are they unexplained (i.e. there is no obvious reason for them such as an injury or a disease other than fibromyalgia)? Yes No

What have your previous doctors told you about your pains?

COMMENTS BY HEALTHCARE PROVIDER ONLY.

Relevant reports:

Do you have any doctors' reports that are relevant to your condition? Yes No

Vortex Questionnaire (in 3 successive pairs of questions)

Q #	Question	Never	Sometimes	Often
1	If you have a bad night of sleep, is your pain worse the next day?			
2	If you have a bad day of pain or if you are in pain when you go to sleep, do you have more trouble sleeping that night?			
*The combination of yes answers to Q1 and Q2 questions qualifies the patient as having "pain—bad sleep—pain" cycle.				
3	If you are agitated or anxious when you go to bed, will you have a bad night of sleep or trouble falling asleep?			
4	If you have a poor night of sleep, are you more agitated and nervous the next day?			
*The combination of yes answers to Q3 and Q4 questions qualifies the patient as having "anxiety/agitation—bad sleep— anxiety/agitation" cycle.				
5	If you are agitated or nervous one day, are you more likely to have more pain later that day?			
6	When you have a lot of pain, will you react with more anxiety?			
* The combination of yes answers to Q5 and Q6 questions qualifies the patient as having "anxiety/agitation—pain— anxiety/agitation" cycle.				

OFFICE USE ONLY. Vortex score to be done by the healthcare provider.

Instructions to Health Care Providers in Calculating Vicious cycle scores:

It is impossible to have a vicious cycle if one arm of the cycle does not exist (i.e. if the patient answered "never" to one arm of a cycle). A cycle can be weak (sometimes and sometimes), medium (sometimes and often) or strong (often and often).

Score each cycle pair as follows:

If "never", "sometimes" or "often" for one member, of a pair, but "never" for the other member, then score 0 for that pair.

If "sometimes" for both members of a pair, then score 1 point. (mild vicious cycle)

If one member is "sometimes" and one is "often", score 2 points. (moderate vicious cycle)

If both members are "often" score 3 points. (severe vicious cycle)

This means that the highest possible score is 9.

History of present Illness with focus chronic widespread unexplained muscular pain:

When, if at all, did you notice muscle pains in many areas of your body?

When was the last time you had no muscle pains?

When was the first time you noticed any muscle pains?

What was happening in your life just before your muscle pains started?

[Note to healthcare providers: Attempt to develop a clear picture of when the problem started. If it started abruptly or gradually, and what factors seemed to precede and lead up to the development of the main symptoms of fibromyalgia, especially muscle pain and fatigue. Ask additional questions in order to clarify these issues.]

History of Present Illness with focus on sleep:

Are you overall a good or bad sleeper? Good Bad

If bad, how bad and for how long?

If you have chronic pain as well, is there any obvious interaction between your sleep, pain and fatigue?

COMMENTS BY HEALTHCARE PROVIDER ONLY.

Fibromyalgia Aggravating Factors Checklist:

Note: This table is not about factors that preceded or brought on an episode of symptoms. (There is a separate table for factors that seem to have triggered a fresh episode and it is called “precipitating factors” right after a period of lesser symptoms or being symptom free.

If you have long standing (more than 3months) of unexplained muscle pains over many areas of your body, it might be due to fibromyalgia even if you have never been formally diagnosed with it. (Note that getting upset can be both a precipitating factor.)

Looking back at individual exacerbations or episodes of unexplained widespread muscle pains, which of the following factors made it worse? Check the appropriate box.

Perceived stressor/aggravator	Never	Sometimes	Often
Emotional distress			
Weather changes			
Sleeping problems			
Strenuous activity			
Mental stress			
Worrying			
Car travel			
Family conflicts			
Physical injuries			
Physical inactivity			
Infections			
Allergies			
Low to moderate physical activity			
Lack of emotional support			
Time zone changes			
Airplane travel			
Perfectionism			
Work related conflicts			
Menses			
Medication side effects			
Chemical exposures			
Sexual intercourse			
Other 1			
Other 2			

Fibromyalgia precipitating factors:

(Check all boxes that apply to you and leave the others blank.)

Post-injury/after a physical trauma	Yes
After an injury due to a fall	
After a physical injury	
After a neck injury	
After a back injury	
After a hysterectomy	
After a motor vehicle accident	
After a sports injury	
After a work injury or repetitive strain.	
Post-surgical	
After another type of injury	
After a hysterectomy	
After breast implant	
Post-infectious	
After a flu or virus	
After being diagnosed with HIV	
After a gastrointestinal infection	
After Q fever	
After Lyme disease	
After a parvovirus infection	
After an Epstein-Barr virus/ mononucleosis infection	
Post toxin or after a possible toxin	
After a vaccine such as rubella vaccine	
After a breast implant breaks	
After exposure to certain oils	
After gonadotropin-releasing hormone	
After steroid withdrawal	
After exposure to other chemicals	
Other pregnancy and childbirth related situations	
Pregnant women in with imperiled fetus	
Young mother with imperiled/ ill newborn	

COMMENTS BY HEALTHCARE PROVIDER ONLY.

Relieving factors (Situations which make pains or sleep better):

Which, if any, of the following factors make your muscle pains or sleep better?

(Check Yes if it applies. Leave blank if it is a No or you don't know.)

Factor	Yes		Yes
meditation		new wave	
relaxation techniques		Reiki	
distraction attention from pains		energy/bioenergy	
being with family or friends		special energies	
exercise		Ayurveda	
massage		vitamins	
yoga		herbals	
traditional Chinese medicine		anti-oxidants	
Christian faith healing		naturopathic medicine	
good night of sleep		prayer	
acupuncture		alternative medicine	
anti-seizure/anti-epileptic drug		chiropractic	
antidepressant medication		physiotherapy	

COMMENTS BY HEALTHCARE PROVIDER ONLY.

Comorbidities:

These are disorders which are known to occur more often with fibromyalgia than expected. Many are rare. Often it will not be possible for you to know unless a doctor has diagnosed you with them. If you do not know but you suspect it then check “maybe”. If a doctor diagnosed you then check “yes” Click on the answer. Leave it blank if you do not know what it means.

Comorbidity	Yes	No	Maybe	Comments
Dermatological				
Hyperhidrosis				
Burning sensations of the skin or mucous membranes				
Unusual cutaneous sensations				
Unexplained itch				
Dermatitis other than neurodermatitis				
Primary erythromelalgia (Mexican women)				
Photosensitivity				

Hearing				
Hyperacusis				
Vestibular				
vestibular symptoms				
vertigo				
compromised balance confidence				
Oral/mouth area				
xerostomia				
glossodynia				
dysphagia				
dysgeusia				
Nasal				
Rhinitis				
Respiratory				
asthma (age 55-95)				
COPD (age 55-95)				
Cardio-vascular				
low blood pressure				
neurally mediated hypotension				
vasovagal syncope				
coronary heart disease				
postural tachycardia syndrome				
secondary vascular dysregulation				
Neuromuscular				
temporo-mandibular joint disorder				
restless leg syndrome				
Arthritis				
SLE				
Raynaud's phenomenon				
carpal tunnel syndrome				
polymyositis				
osteoarthritis				
rheumatoid arthritis				
Gastrointestinal				

irritable bowel syndrome				
esophageal dysmotility				
Coeliac disease				
GERD				
functional dyspepsia				
IBD				
peptic ulcer disease				
Urological				
interstitial cystitis				
bladder cystitis				
chronic prostatitis				
Endocrine				
diabetes in women				
Gynecological and sexual				
vulvodynia (women)				
restless genital syndrome/ReGS				
genital restlessness (women)				
breast cysts (women)				
premenstrual syndrome (women)				
mastalgia (women)				
Dysmenorrhea (women)				
female sexual dysfunction				
sexual impairment in men				
Neurological				
migraine				
tension headaches				
multiple sclerosis				
epilepsy				
small fiber neuropathy				
stroke				
Psychiatric				
PTSD with nightmares				
bipolar				
anxiety disorder				
alexithymia				
depression				
panic disorder				
kinesiophobia				

hysteria				
bipolar				
PTSD				
obsessive-compulsive personality disorder tendencies				
Pain syndromes				
chronic cervical myofascial pain				
painful neuropathic disorders				
diabetic neuropathy				
post-herpetic neuralgia				
back pain with neuropathic involvement				
neck pain with neuropathic involvement				
cancer with neuropathic pain				
causalgia/CRPS				
phantom limb pain				
trigeminal neuralgia				
atypical facial pain				
Infectious				
HIV				
Hepatitis B				
Post-operative infections (incl.d.pneumonia)				
Allergic				
mast cell disorders				
chronic urticaria				
allergic rhinitis				
Autonomic				
Dysautonomia				
Inflammatory				
Behçet's disease				
Autoimmune and immune				
sicca syndrome/ Sjogren's				
primary immunodeficiency (of IgG)				
Other				
chronic fatigue syndrome				
multiple chemical/drug sensitivity syndrome				

Suspected unverified co-morbidities				
idiopathic nonallergic rhinopathy				
psycho-vestibular syndrome (Author's term) (This refers to a psychological disorder involving dizziness)				
Meniere's disease				
non-allergic rhinitis				
joint hypermobility syndrome				

COMMENTS BY HEALTHCARE PROVIDER ONLY.

Risk factors:

Which of the following factors affected you prior to first developing chronic widespread muscle pain, or being diagnosed by a doctor as having fibromyalgia?

Factor	Yes	No	Prefer not to say
Gender (biological at birth)			
female			
Abuse or neglect in your childhood			
traumatic experience			
abused as a child (sexual, physical, unusual verbal)			
parent who was alcoholic			
severe neglect in childhood by your parents			
raised by a depressed person			
mother drug addicted during your childhood			

Family history of FM or another pain disorder in a parent			
a parent had fibromyalgia			
sibling developed fibromyalgia before you			
a parent was a chronic pain patient while you were growing up			
Prior history of certain rheumatologic (joint diseases)			
You develop lupus before FM			
You developed rheumatoid arthritis prior to developing FM			
Lifestyle factors (prior to FM)			
physical inactivity (lack of exercise)			
obesity			
smoking			
Psycho-social			
low income/low social level/low socio-economic status			
grew up in poverty before age 7 (certain populations)			
divorced			
disabled			
lower household income			
lower education			
middle age			
previous history of depression			
poor family financial situation before the age of 7			
exposure to addicted mother during one's childhood			
poor emotional relationship with both parents during childhood			
physical maltreatment in childhood			
family history of alcohol abuse			
family history of drug abuse			
after a mass disaster or mass scare (epidemic fibromyalgia, e.g. as in Chernobyl)			
Gynecological			
endometriosis			
never pregnant			
late menarche (after age 14)			
pre-menopausal with symptoms of menopause			
Infectious			
osteomyelitis			

Surgical			
Prior hysterectomies			
Prior oophorectomy (removal of an ovary)			
Prior breast surgery			
Other			
Low alcohol intake			
Strongly suspected risk factors			
Insomnia (this is also a co-morbidity)			
sleep apnea (this is also a co-morbidity)			
strained(stressful) immigration in new immigrant struggling to adjust.			

COMMENTS BY HEALTHCARE PROVIDER ONLY.

Lift and carry a bag full of groceries

No difficulty	0	1	2	3	4	5	6	7	8	9	10	Very difficult
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Climb one flight of stairs

No difficulty	0	1	2	3	4	5	6	7	8	9	10	Very difficult
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Change bedsheets

No difficulty	0	1	2	3	4	5	6	7	8	9	10	Very difficult
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Sit in a chair for 45 minutes

No difficulty	0	1	2	3	4	5	6	7	8	9	10	Very difficult
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Shop for groceries

No difficulty	0	1	2	3	4	5	6	7	8	9	10	Very difficult
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DOMAIN 1 SUBTOTAL: _____

DOMAIN 2: OVERALL

Directions: For each of the following 2 questions, check the box that best describes the overall impact of Your Fibromyalgia over the last 7 days.

FIBROMYALGIA PREVENTED ME FROM ACCOMPLISHING GOALS FOR THE WEEK

No difficulty	0	1	2	3	4	5	6	7	8	9	10	Very difficult
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I was completely overwhelmed by my fibromyalgia symptoms

No difficulty	0	1	2	3	4	5	6	7	8	9	10	Very difficult
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DOMAIN 2 SUBTOTAL: _____

DOMAIN 3: SYMPTOMS

Directions: For each of the following 10 questions, select the box that best indicates your intensity level of these common

Fibromyalgia symptoms over the past 7 days.

Please rate the level of pain

No pain	0	1	2	3	4	5	6	7	8	9	10	Unbearable pain
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Please rate your level of energy

Lots of energy	0	1	2	3	4	5	6	7	8	9	10	No energy
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Please rate your level of stiffness

No stiffness	0	1	2	3	4	5	6	7	8	9	10	Severe stiffness
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Please rate the quality of your sleep

Awoke well rested	0	1	2	3	4	5	6	7	8	9	10	Awoke very tired
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Please rate your level of depression

No depression	0	1	2	3	4	5	6	7	8	9	10	Very depressed
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Please rate your level of memory problems

Good memory	0	1	2	3	4	5	6	7	8	9	10	Very poor memory
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Please rate your level of anxiety

Not anxious	0	1	2	3	4	5	6	7	8	9	10	Very anxious
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Please rate your level of tenderness to touch

No tenderness	0	1	2	3	4	5	6	7	8	9	10	Very tender
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Please rate your level of balance problems

No imbalance	0	1	2	3	4	5	6	7	8	9	10	Severe imbalance
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Please rate your level of sensitivity to loud noises, bright lights, odors and cold.

No sensitivity	0	1	2	3	4	5	6	7	8	9	10	Extreme sensitivity
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DOMAIN 3 SUBTOTAL: _____

OFFICE USE ONLY. SCORING:

- 1) Sum the scores for each of the 3 domains (function, overall, and symptoms)
- 2) Divide domain 1 score by 3, leave domain 2 score unchanged, and divide domain 3 score by 2
- 3) Add the 3 resulting domain scores to obtain the total FIQR score

DOMAIN 1 SUBTOTAL divided by 3 =

DOMAIN 2 SUBTOTAL carry over subtotal=

DOMAIN 3 SUBTOTAL divided by 2 =

TOTAL FIQR Score (sum of the three) =

COMMENTS BY HEALTHCARE PROVIDER ONLY.

Anxiety Screening Tool:

Over the last 2 weeks, how often have you been bothered by the following problems?

Not at all = 0; Several days = 1; More than half the days = 2; Nearly every day = 3

1. Feeling nervous, anxious or on edge:	0	1	2	3
2. Not being able to stop or control worrying:	0	1	2	3
3. Worrying too much about different things:	0	1	2	3
4. Trouble relaxing:	0	1	2	3
5. Being so restless that it is hard to sit still:	0	1	2	3
6. Becoming easily annoyed or irritable:	0	1	2	3
7. Feeling afraid as if something awful might happen:	0	1	2	3

FOR OFFICE USE ONLY.

The patient scored _____ out of 21 which indicate a _____ level of anxiety.

COMMENTS BY HEALTHCARE PROVIDER ONLY.

Screening Instrument for Depression:

Over the last 2 weeks, how often have you been bothered by any of the following problems? Not at all = 0; Several days = 1; More than half the days = 2; Nearly every day = 3

1. Little interest or pleasure in doing things:	0	1	2	3
2. Feeling down, depressed, or hopeless:	0	1	2	3
3. Trouble falling or staying asleep, or sleeping too much:	0	1	2	3
4. Feeling tired or having little energy:	0	1	2	3
5. Poor appetite or overeating:	0	1	2	3
6. Feeling bad about yourself — or that you are a failure or have let yourself or your family down:	0	1	2	3
7. Trouble concentrating on things, such as reading the newspaper or watching television:	0	1	2	3
8. Moving or speaking so slowly that other people could have noticed? Or the opposite — being so fidgety or restless that you have been moving around a lot more than usual:	0	1	2	3
9. Thoughts that you would be better off dead or of hurting yourself in some way:	0	1	2	3

FOR OFFICE USE ONLY.

The patient scored _____ out of 27 which indicates a _____ level of depression.

COMMENTS BY HEALTHCARE PROVIDER ONLY.

Symptom Severity Score (SS score)- Part 2b

Check each of the following OTHER SYMPTOMS that you have experienced over the past week.

Symptom	Yes	No	Not sure	Symptom	Yes	No	Not sure
Muscle pain				Wheezing			
Irritable bowel syndrome				Raynauld's			
Fatigue/tiredness				Hives/welts			
Thinking or remembering problem				Ringing in ears			

LEAVE BELOW BLANK. FOR OFFICE USE ONLY.

Muscle Weakness				Vomiting			
Headache				Heartburn			
Pain/cramps in abdomen				Oral ulcers			
Numbness/tingling				Loss/change in taste			
Dizziness				Seizures			
Insomnia				Dry eyes			
Depression				Shortness of breath			
Constipation				Loss of appetite			
Pain in upper abdomen				Rash			
Nausea				Sun sensitivity			
Nervousness				Hearing difficulties			
Chest pain				Easy bruising			
Blurred vision				Hair loss			
Fever				Frequent urination			
Diarrhea				Painful urination			
Dry mouth				Bladder spasms			
Itching							

COMMENTS FOR HEALTHCARE PROVIDER ONLY.

FOR OFFICE USE ONLY.

https://neuro.memorialhermann.org/uploadedFiles/_Library_Files/MNII/NewFibroCriteriaSurvey.pdf

Count up the number of symptoms checked above. *If you tallied: 0 symptoms, give yourself a score of 0; 1 to 10, give yourself a score of 1; 11 to 24, give yourself a score of 2; 25 or more, give yourself a score of 3. Enter your score for Part 2b here . Now add Part 2a AND 2b scores, and enter here . This is your Symptom Severity Score (SS score), which can range from 0-12.