

AMERICAN COLLEGE OF RHEUMATOLOGY (ACR) PRELIMINARY DIAGNOSTIC CRITERIA FOR FIBROMYALGIA¹

The information contained on this form was derived from Wolfe F, Clauw DJ, Fitzcharles M-A, et al. The American College of Rheumatology preliminary diagnostic criteria for fibromyalgia and measurement of symptom severity. *Arthritis Care Res.* 2010;62(5):600-610.

PART 1: WIDESPREAD PAIN INDEX

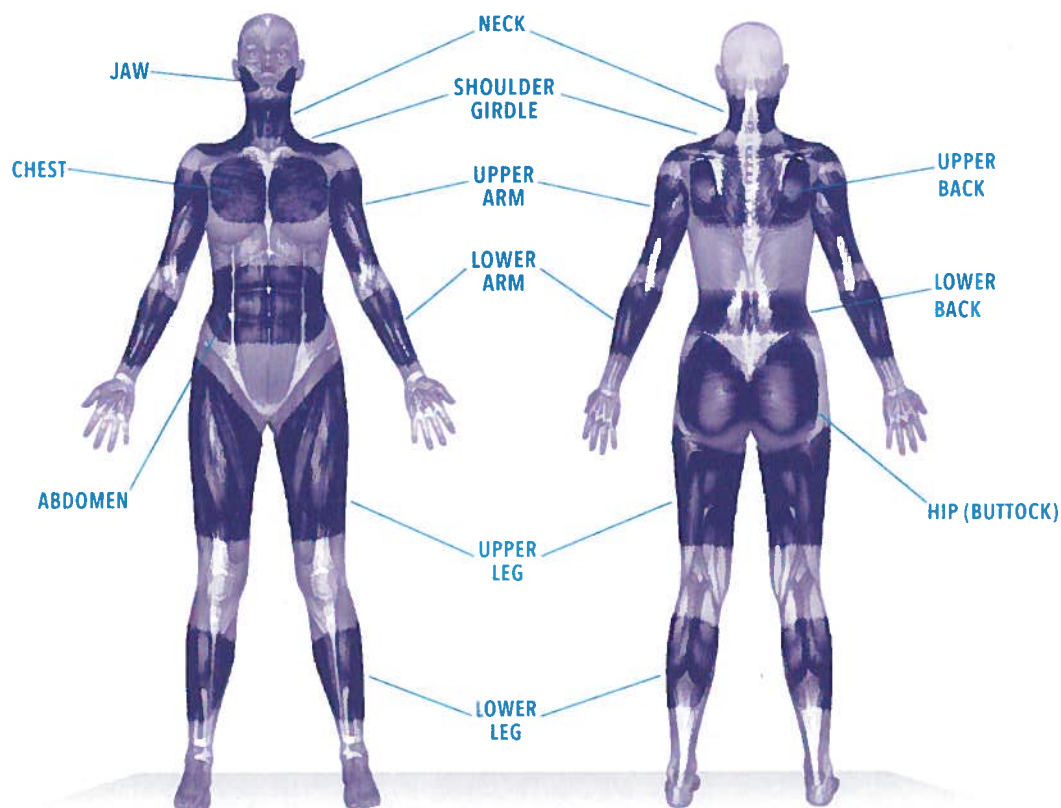
HOW TO CALCULATE THE PATIENT'S WIDESPREAD PAIN INDEX (WPI)

- Using the list of 19 body areas, identify the areas where the patient felt pain over the **past week**. As a visual aid, front/back body diagrams are included.
 - Each area identified on the list counts as 1
- Total the number of body areas (the WPI score can range from 0 to 19).

Write the patient's WPI score here: _____.

Identify the areas where the patient felt pain over the **past week**

- | | | | |
|---|---|---|-------------------------------------|
| <input type="checkbox"/> Shoulder girdle, left | <input type="checkbox"/> Lower arm, right | <input type="checkbox"/> Lower leg, left | <input type="checkbox"/> Abdomen |
| <input type="checkbox"/> Shoulder girdle, right | <input type="checkbox"/> Hip (buttock), left | <input type="checkbox"/> Lower leg, right | <input type="checkbox"/> Neck |
| <input type="checkbox"/> Upper arm, left | <input type="checkbox"/> Hip (buttock), right | <input type="checkbox"/> Jaw, left | <input type="checkbox"/> Upper back |
| <input type="checkbox"/> Upper arm, right | <input type="checkbox"/> Upper leg, left | <input type="checkbox"/> Jaw, right | <input type="checkbox"/> Lower back |
| <input type="checkbox"/> Lower arm, left | <input type="checkbox"/> Upper leg, right | <input type="checkbox"/> Chest | |



FRONT SIDE

BACK SIDE

PART 2A: SYMPTOM SEVERITY SCALE (LEVELS OF SEVERITY)

HOW TO MEASURE THE PATIENT'S LEVEL OF SYMPTOM SEVERITY

- Using a scale of 0 to 3, indicate the patient's level of symptom severity over the **past week** in each of the 3 symptom categories. Choose only 1 level of severity for each category.
 - The score is the sum of the numbers that correspond to the severity levels identified in all 3 categories
- Total the scale numbers for all the 3 categories and **write the number here:** _____.

Fatigue	Waking unrefreshed	Cognitive symptoms
<input type="checkbox"/> 0 = No problem	<input type="checkbox"/> 0 = No problem	<input type="checkbox"/> 0 = No problem
<input type="checkbox"/> 1 = Slight or mild problems; generally mild or intermittent	<input type="checkbox"/> 1 = Slight or mild problems; generally mild or intermittent	<input type="checkbox"/> 1 = Slight or mild problems; generally mild or intermittent
<input type="checkbox"/> 2 = Moderate; considerable problems; often present and/or at a moderate level	<input type="checkbox"/> 2 = Moderate; considerable problems; often present and/or at a moderate level	<input type="checkbox"/> 2 = Moderate; considerable problems; often present and/or at a moderate level
<input type="checkbox"/> 3 = Severe; pervasive, continuous, life-disturbing problems	<input type="checkbox"/> 3 = Severe; pervasive, continuous, life-disturbing problems	<input type="checkbox"/> 3 = Severe; pervasive, continuous, life-disturbing problems

PART 2B: SYMPTOM SEVERITY SCALE (OTHER SOMATIC SYMPTOMS)

HOW TO DETERMINE THE EXTENT OF THE PATIENT'S OTHER SOMATIC SYMPTOMS

Using the symptoms list on the following page, determine the extent of other somatic symptoms the patient may have experienced over the **past week**.

- Determine the quantity of somatic symptoms using the list on the following page.
- Using your best judgment, calculate the score that matches the quantity of those somatic symptoms and **write the number here:** _____.

Add the scores from Parts 2a and 2b (the Symptom Severity score, or SS score, can range from 0 to 12.)
Write the patient's SS score here: _____.

Other somatic symptoms

- | | | | |
|---|--|---|---|
| <input type="checkbox"/> Muscle pain | <input type="checkbox"/> Depression | <input type="checkbox"/> Itching | <input type="checkbox"/> Dry eyes |
| <input type="checkbox"/> Irritable bowel syndrome | <input type="checkbox"/> Constipation | <input type="checkbox"/> Wheezing | <input type="checkbox"/> Shortness of breath |
| <input type="checkbox"/> Fatigue/tiredness | <input type="checkbox"/> Pain in upper abdomen | <input type="checkbox"/> Raynaud's | <input type="checkbox"/> Loss of appetite |
| <input type="checkbox"/> Thinking or memory problem | <input type="checkbox"/> Nausea | <input type="checkbox"/> Hives/welts | <input type="checkbox"/> Rash |
| <input type="checkbox"/> Muscle weakness | <input type="checkbox"/> Nervousness | <input type="checkbox"/> Ringing in ears | <input type="checkbox"/> Sun sensitivity |
| <input type="checkbox"/> Headache | <input type="checkbox"/> Chest pain | <input type="checkbox"/> Vomiting | <input type="checkbox"/> Hearing difficulties |
| <input type="checkbox"/> Pain/cramps in abdomen | <input type="checkbox"/> Blurred vision | <input type="checkbox"/> Heartburn | <input type="checkbox"/> Easy bruising |
| <input type="checkbox"/> Numbness/tingling | <input type="checkbox"/> Fever | <input type="checkbox"/> Oral ulcers | <input type="checkbox"/> Hair loss |
| <input type="checkbox"/> Dizziness | <input type="checkbox"/> Diarrhea | <input type="checkbox"/> Loss/change in taste | <input type="checkbox"/> Frequent urination |
| <input type="checkbox"/> Insomnia | <input type="checkbox"/> Dry mouth | <input type="checkbox"/> Seizures | <input type="checkbox"/> Bladder spasms |

Based on the quantity of symptoms, the patient's score is:

- | | |
|---|--|
| <input type="checkbox"/> 0 = No symptoms | <input type="checkbox"/> 2 = A moderate number of symptoms |
| <input type="checkbox"/> 1 = Few symptoms | <input type="checkbox"/> 3 = A great deal of symptoms |

WHAT THE PATIENT'S SCORE MEANS

The patient's WPI score (Part 1): _____ The patient's SS score (Parts 2a and 2b): _____

A PATIENT MEETS THE DIAGNOSTIC CRITERIA FOR FIBROMYALGIA IF THE FOLLOWING 3 CONDITIONS ARE MET:

1a. The WPI score (Part 1) is greater than or equal to 7 **and** the SS score (Parts 2a and 2b) is greater than or equal to 5.

OR

1b. The WPI score (Part 1) is from 3 to 6 **and** the SS score (Parts 2a and 2b) is greater than or equal to 9.

2. Symptoms have been present at a similar level for at least 3 months.

3. The patient does not have a disorder that would otherwise explain the pain.

Reference: 1. Wolfe F, Clauw DJ, Fitzcharles M-A, et al. The American College of Rheumatology preliminary diagnostic criteria for fibromyalgia and measurement of symptom severity. *Arthritis Care Res.* 2010;62(5):600-610.



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