ymptom severity score (SSS)					
I. Using the following scale, indicate for each item the level of severity <b>over the past</b> week by checking the appropriate box.					
No problem					
Slight or mild problems; generally mil	d or intermittent				
Moderate; considerable problems; of	ten present and/or a	at a mo	derate	level	
Severe: continuous, life-disturbing pro	oblems				
atigue		□ 0	<b>1</b>	□ 2	□ 3
ouble thinking or remembering		□ 0	<b>1</b>	□ 2	□ 3
aking up tired (unrefreshed)		□ 0	□ 1	□ 2	□ 3
During the past 6 months have you	had any of the follow	wing sy	mptom	ıs?	
	□ Yes (1)	□No (0)			
ain or cramps in lower abdomen:	` ,		□No (0)		
epression:	□ Yes (1)		□No	(0)	

Table 5: Fibromyalgia survey questionnaire [25]

1

## 21 Widespread pain index (WPI)

- 22 Please indicate below if you have had pain or tenderness over the past 7 days in
- each of the areas listed below. Please make an X in the box if you have had pain or
- tenderness. Be sure to mark both right side and left side separately

25

□ Shoulder, left	□ Upper leg, left	□ Lower back
□ Shoulder, right	□ Upper leg, right	□ Upper back
		□ Neck
□ Hip, left	□ Lower leg, left	
□ Hip, right	□ Lower leg, right	
□ Upper am, left	□ Jaw, left	□ No pain in any of these
□ Upper arm, right	□ Jaw, right	areas
□ Lower rarm, left	□ Chest	
□ Lower arm, right	□ Abdomen	

26

- 27 IV. Overall, were the symptoms listed in I III above generally present for at least 3
- 28 months?

- □ Yes □ No
- The criteria of the symptoms of FMS are met if > 7 pain sites in the WPI and the SSS
- score is > 4 and IV is answered with "yes" [6].