

## Assessment Questionnaire

Where have you had pain or tenderness over the last week? (Please check all that apply)

- Shoulder, Left
- Shoulder, Right
- Upper arm, left
- Upper arm, right
- Lower arm, left
- Lower arm, right
- Hip or butt, left
- Hip or butt, right
- Upper leg, left
- Upper leg, right
- Lower leg, left
- Lower leg, right
- Jaw, left
- Jaw, right
- Chest
- Abdomen
- Upper back
- Lower back
- Neck

Please rate the severity of your fatigue over the last week

- None
- Mild or intermittent
- Moderate or often troublesome
- Severe, continuous, or disabling

Please rate the severity of you problems with concentration, memory, or thinking over the last week

- None
- Mild or intermittent
- Moderate or often troublesome
- Severe, continuous, or disabling

Over the last 6 months, have you experienced the following (please check all that you have experienced)

- Headache
- Abdominal pain or cramps
- Depression

Have you been having pain for at least the last 3 months?

- Yes
- No

For Physician Use only

Has this patient had pain for at least 3 months

- Yes
- No

Does this patient report having widespread pain (on left and right sides of the body AND above and below the waist

- Yes
- No