

Příloha 1 Anglická verze dotazníku FSQ

Widespread Pain Index
(1 point per check box; score range: 0-19 points)

1 Please indicate if you have had pain or tenderness during the **past 7 days** in the areas shown below.
Check the boxes in the diagram for each area in which you have had pain or tenderness.

Right jaw Left jaw
 Right shoulder Left shoulder
 Neck
 Right upper arm Left upper arm
 Chest or breast Abdomen
 Right hip or buttocks Left hip or buttocks
 Lower back
 Right lower leg Left lower leg
 Right upper leg Left upper leg

C. Lynn

Symptom Severity
(score range: 0-12 points)

2 For each symptom listed below, use the following scale to indicate the severity of the symptom during the **past 7 days**.

- **No problem**
- **Slight or mild problem:** generally mild or intermittent
- **Moderate problem:** considerable problems; often present and/or at a moderate level
- **Severe problem:** continuous, life-disturbing problems

	No problem	Slight or mild problem	Moderate problem	Severe problem
Points	0	1	2	3
A. Fatigue	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. Trouble thinking or remembering	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C. Waking up tired (unrefreshed)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

3 During the **past 6 months** have you had any of the following symptoms?

Points	0	1
A. Pain or cramps in lower abdomen	<input type="checkbox"/> No	<input type="checkbox"/> Yes
B. Depression	<input type="checkbox"/> No	<input type="checkbox"/> Yes
C. Headache	<input type="checkbox"/> No	<input type="checkbox"/> Yes

Additional criteria (no score)

4 Have the symptoms in questions 2 and 3 and widespread pain been present at a similar level for at least **3 months**? No Yes

5 Do you have a disorder that would otherwise explain the pain? No Yes

