

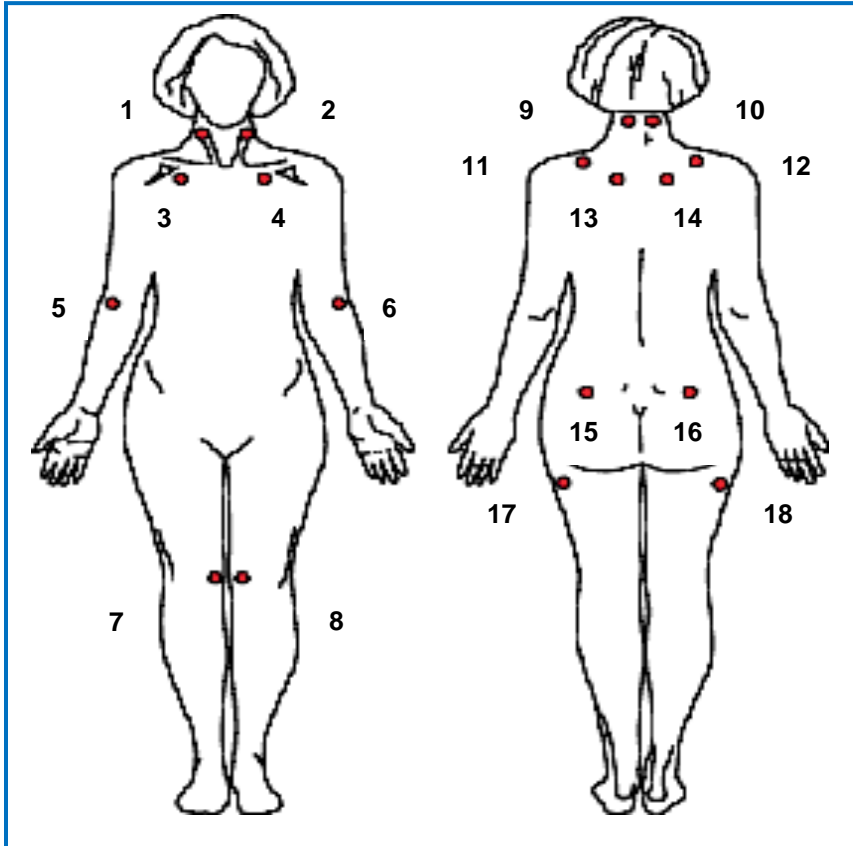


Tender Point Test for Fibromyalgia

Rheumatology 1990 Classification Criteria For Fibromyalgia

Patient's Name: _____ Date: _____

Complete and send to Dr. Smith Before Starting Program and on Each Column #1 Date of Auto-Ship Schedule.



Indicate Intensity (A, B, C)

1. _____ **SCORE**
2. _____ Put A, B
3. _____ or C for
4. _____ Each
5. _____ Point &
6. _____ Total # of
7. _____ Points
8. _____ With
9. _____ Letters.
10. _____
11. _____ A.
12. _____ Severe
13. _____ Pain
14. _____ B.
15. _____ Moderate
16. _____ Pain
17. _____ C.
18. _____ Mild
- Total: _____ Pain

Symptoms - Score 0 to 10	Intensity	Frequency
Depression (Major Depression)		
Dizziness		
Fatigue		
Gastro-Intestinal Disturbances (Stomach to Colon)		
Headaches		
Heart Palpitations		
Insomnia		
Joint Pains		
Legs Cramps (Left / Right)		
Legs Restless (Left / Right)		
Memory - Lack of Concentration		
Memory - Short-Term Memory Loss		
Memory - Confusion / Mental Fog		
Muscular Pain		
Nervousness to Anxiety		
Numbness		
Soft Tissue Swelling		
Tingling - Overall Body		

Intensity & Frequency

Scoring **

- 10 = Extreme Severity
 9 = Highly Severe
 8 = Severe
 7 = Low Severe
 6 = High Moderate
 5 = Moderate
 4 = Low Moderate
 3 = High Mild
 2 = Mild
 1 = Low Mild
 0 = No Symptoms

Score Before Starting Program,
 Then on each Column #1 Dates of
 the Auto-Ship Schedule.

Measure Intensity on severity (**) and Frequency on Constancy (i.e., every moment of day, daily, weekly, monthly, etc.)