Appendix A.

Central Sensitization Inventory (CSI) Part A

	Never	Rarely	Sometimes	Often	Always
1) I feel tired and unrefreshed when I wake from sleeping.					
2) My muscles feel stiff and achy.					
3) I have anxiety attacks.					
4) I grind or clench my teeth.					
5) I have problems with diarrhea and/or constipation.					
6) I need help in performing my daily activities.					
7) I am sensitivite to bright lights.					
8) I get tired very easily when I am physically active.					
9) I feel pain all over my body.					
10) I have headaches.					
11) I feel discomfort in my bladder and/or burning when I urinate.					
12) I do not sleep well.					
13) I have difficulty concentrating.					
14) I have skin problems such as dryness, itchiness, or rashes.					
15) Stress makes my physical symptoms get worse.					
16) I feel sad or depressed.					
17) I have low energy.					
18) I have muscle tension in my neck and shoulders.					
19) I have pain in my jaw.					
20) Certain smells, such as perfumes, make me feel dizzy and nauseated.					
21) I have urinate frequently.					
22) My legs feel uncomfortable and restless when I am trying to go to sleep at night.					
23) I have difficulty remembering things.					
24) I suffered trauma as a child.					
25) I have pain in my pelvic area.					
				Total score	

CSI - Part B

Have you been diagnosed by a doctor with any of the following disorders?

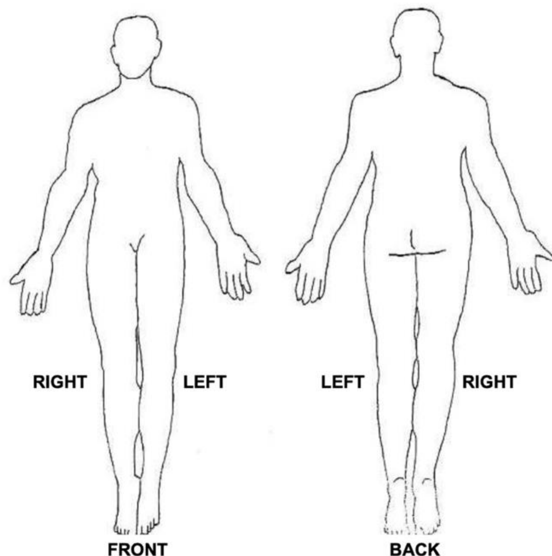
Please check the box to the right for each diagnosis and write the year of the diagnosis.

		Yes	No	Year diagnosed
1	**Restless leg syndrome**			
2	**Chronic fatigue syndrome**			
3	**Fibromyalgia**			
4	**Temporomandibular joint disorder**			
5	**Migraine or tension headaches**			
6	**Iritable bowel syndrome**			
7	**Multiple chemical sensitivities**			
8	**Neck injury (including whiplash)**			
9	**Anxiety or panic attacks**			
10	**Depression**			

Appendix B.

The Self-Leeds Assessment of Neuropathic Symptoms and Sign (S-LANSS)

Please draw on the diagram below where you feel your pain. If you have pain in more than one area, only shade in the one main area where your worst pain is.



On the scale below, please indicate how bad your pain (that you have shown on the above diagram) has been in the last week where:

“0” means no pain and “10” means pain as severe as it coulde be.

0 1 2 3 4 5 6 7 8 9 10

1. In the area where you have pain, do you also have ‘pins and needles’, tingling or pricling sensations?
   (0) No- I don’t get these sensations
   (5) Yes- I get these sensations often

2. Does the painful area change colour (mottled or more red) when the pain is particularly bad?
   (0) No- The pain does not affect the colour of my skin
   (5) Yes- I have noticed that the pain does make my skin look different from normal

3. Does your pain make the affected skin abnormally sensitive to touch? Getting unpleasant sensations or pain when lightly stroking the skin might describe this.
   (0) No- The pain does not make my skin in that area abnormally sensitive to touch
   (3) Yes- my skin in that area is particularly sensitive to touch

4. Does your pain come on suddenly and in bursts for no apparent reason when you are completely still? Words like ‘electric shocks’, jumping and bursting might describe this.
   (1) No- My pain doesn’t really feel like this
   (2) Yes- I get these sensations often

5. In the area where you have pain, does your skin feel unusually hot like a burning pain?
   (0) No- I don’t have burning pain
   (1) Yes- I get burning pain often

6. Gently rub the painful area with your index finger and then rub a non-painful area (for example, an area of skin further away or on the opposite side from the painful area). How does this rubbing feel in painful area?
   (0) The painful area feels no different from the non-painful area
   (5) I feel discomfort, like pins and needles, tingling or burning in the painful area that is different from the non-painful area

7. Gently press on the painful area with your finger tip then gently press in the same way onto a non-painful area (the same non-painful area that you chose in the last question). How does this feel in the painful area?
   (0) The painful area feels does not different from the non-painful area
   (5) I feel numbness or tenderness in the painful area that is different from the non-painful area

******A score of 12 or more suggests pain of predominantly neuropathic origin**

Appendix C.

Fibromiyalgia Severity Scale (FSS)

1. Widespread pain index (1 point per check box; score range: 1-19)

Please check the boxes below for each area in which you have had pain or tenderness during the past 7 days

Left upper side	Right upper side	Left lower side	Right lower side	Axial region
☐ Jaw left ☐ Shoulder girdle, left ☐ Upper arm, left ☐ Lower arm, left	☐ Jaw right ☐ Shoulder girdle, right ☐ Upper arm, right ☐ Lower arm, right	☐ Hip (buttock) left ☐ Upper leg, left ☐ Lower leg, left	☐ Hip (buttock) right ☐ Upper leg, right ☐ Lower leg, right	☐ Neck ☐ Upper back ☐ Lower back ☐ Chest ☐ Abdomen
Widespread pain index (WPI):……...............				

2. Symptom severity scale (score range: 0-12 points)

Circle the number that best indicates the severity of each symptoms over the past week.

Part-A			Part-B		
Fatigue	**Waking up tired (unrefreshed)**	**Trouble thinking or remembering**	**Headache**	**Depression**	**Pain or cramps in lower abdomen**
☐ No problem ☐ Mild ☐ Moderate ☐ Severe	☐ No problem ☐ Mild ☐ Moderate ☐ Severe	☐ No problem ☐ Mild ☐ Moderate ☐ Severe	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Part-A scoring: No problem:0, mild:1, moderate:2, severe:3; Part B scoring: No:0 and yes:1 points.					
Symtom severity scale (SSS) :……...............					

Fibromyalgia severity scale (FSS) (WPI+SSS): ……………………………………..

FM diagnosis: WPI≥7+SSS≥5 or WPI 3-6+SSS≥9 (FSS≥13)

Appendix D.

Fibromyalgia Impact Questionnaire

1. For questions 1 through 11, please circle the number that best describes how you did overall for past week. If you don't normally do something that is asked, cross the question out.

	Always	Most	Occasionally	Never
a. Do shopping?	❑0	❑1	❑2	❑3
b. Do laundry with a washer and dryer?	❑0	❑1	❑2	❑3
c. Prepare meals?	❑0	❑1	❑2	❑3
d. Wash dishes/cooking utensils by hand?	❑0	❑1	❑2	❑3
e. Vacuum a rug?	❑0	❑1	❑2	❑3
f. Make beds?	❑0	❑1	❑2	❑3
g. Walk several blocks?	❑0	❑1	❑2	❑3
h. Visit friends or relatives?	❑0	❑1	❑2	❑3
i. Do yard work?	❑0	❑1	❑2	❑3
j. Drive a car?	❑0	❑1	❑2	❑3
k. Climb stairs?	❑0	❑1	❑2	❑3

2. Of the 7 days in the past week, how many days did you feel good?

0 1 2 3 4 5 6 7

3. How many days last week did you miss work, including housework, because of fibromyalgia?

0 1 2 3 4 5 6 7

For the remaninin items, mark the point on the line that best indicates how you felt overall for the past week.

4. When you worked, how much did pain or other symptoms of your fibromyalgia interfere with your ability to do your work, including housework?

No problem 0…..…1..…..2…….3…….4…....5…….6…….7…….8…….9…….10 Great difficulty with work

5. How bad has your pain been?

No pain 0…..…1..…..2…….3…….4…....5…….6…….7…….8…….9…….10 Very severe pain

6. How tired have you been?

No tiredness 0…..…1..…..2…….3…….4…....5…….6…….7…….8…….9…….10 Very tired

7. How you felt when you get up in the morning?

Awoke well rested 0…..…1..…..2…….3…….4…....5…….6…….7…….8…….9…….10 Awoke very tired

8. How bad has your stiffness been?

No stiffness 0…..…1..…..2…….3…….4…....5…….6…….7…….8…….9…….10 Very stiff

9. How nervous or anxious have you felt?

Not anxious 0…..…1..…..2…….3…….4…....5…….6…….7…….8…….9…….10 Very anxious

10. How depressed or blue have you felt?

Not depressed 0…..…1..…..2…….3…….4…....5…….6…….7…….8…….9…….10 Very depressed

Appendix E.

Hospital Anxiety and Depression Scale (HADS)

Tick the box beside the reply that is closest to how you have been feeling in the past week.

1. **I feel tense or 'wound up':**
   (3) Most of the time
   (2) A lot of the time
   (1) From time to time, occasionally
   (0) Not at all

2. I still enjoy the things I used to enjoy:
   (0) Definitely as much
   (1) Not quite so much
   (2) Only a little
   (3) Hardly at all

3. **I get a sort of frightened feeling as if something awful is about to happen:**
   (3) Very definetely and quite badly
   (2) Yes, but not too badly
   (1) A little, but it doesn't worry me
   (0) Not at all

4. I can laugh and see the funny side of things:
   (0) As much as I always could
   (1) Not quite so much now
   (2) Definetely not so much now
   (3) Not at all

5. **Worrying thoughts go through my mind:**
   (3) A great deal of the time
   (2) A lot of the time
   (1) From time to time, but not too often
   (0) Only occasionally

6. I feel cheerful:
   (3) Not at all
   (2) Not often
   (1) Sometimes
   (0) Most of the time

7. **I can sit at ease and feel relaxed:**
   (0) Definetely
   (1) Usually
   (2) Not often
   (3) Not at all

8. I feel as if I am slowed down:
   (3) Nearly as if I am slowed down
   (2) Very often
   (1) Sometimes
   (0) Not at all

9. **I get sort of frightened feeling like 'butterfilie in the stomach:**
   (0) Not at all
   (1) Occasionally
   (2) Quite often
   (3) Very often

10. I have lost interest in my appearance:
    (3) Definitely
    (2) I don't take as much care as I should
    (1) I may not take quite as much care
    (0) I take just as much care as ever

11. **I feel restless as I have to be on the move:**
    (3) Very much indeed
    (2) Quite a lot
    (1) Not very much
    (0) Not at all

12. I look forward with enjoyment to things:
    (0) As much as I ever did
    (1) Rather less than I used to
    (2) Definitely less than I used to
    (3) Hardly at all

13. **I get sudden feelings of panic:**
    (3) Very often indeed:
    (2) Quite often
    (1) Not very often
    (0) Not at all

14. I can enjoy a good bookor radio or TV progran
    (0) Often
    (1) Sometimes
    (2) Not often
    (3) Very seldom

Questions in bold are for anxiety, others for depression.
Scoring: 0-7 normal; 8-10 borderline; 11-21 abnormal