Widespread Pain Index (WPI)
(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.

- Shoulder girdle, left
- Shoulder girdle, right
- Upper arm, left
- Upper arm, right
- Lower arm, left
- Lower arm, right
- Lower leg left
- Lower leg right
- Hip (buttock) left
- Hip (buttock) right
- Upper leg left
- Upper leg right
- None of these areas

WPI score: _______

Symptom Severity (score range: 1–12)
For each symptom listed below, use the following scale to indicate the severity of the symptom during the past 7 days.

<table>
<thead>
<tr>
<th>Symptom</th>
<th>Points</th>
<th>No problem</th>
<th>Slight or mild problem</th>
<th>Moderate problem</th>
<th>Severe problem</th>
</tr>
</thead>
<tbody>
<tr>
<td>A. Fatigue</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>B. Trouble thinking or remembering</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>C. Waking up tired (unrefreshed)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Symptom</th>
<th>Points</th>
<th>No problem</th>
<th>Yes</th>
</tr>
</thead>
<tbody>
<tr>
<td>A. Pain or cramps in lower abdomen</td>
<td>0</td>
<td>No</td>
<td>Yes</td>
</tr>
<tr>
<td>B. Depression</td>
<td></td>
<td>No</td>
<td>Yes</td>
</tr>
<tr>
<td>C. Headache</td>
<td></td>
<td>No</td>
<td>Yes</td>
</tr>
</tbody>
</table>

SS score: _______

Additional criteria (no score)
Have the symptoms listed on this sheet, and widespread pain been present at a similar level for at least 3 months?

- No
- Yes

TOTAL score: _______
PAIN CATASTROPHIZING SCALE

Name__________________________________________ Date____________________________

Age_______ Gender □ M  □ F

Everyone experiences painful situations at some point in their lives. Such experiences may include headaches, tooth pain, joint or muscle pain. People are often exposed to situations that may cause pain such as illness, injury, dental procedures or surgery.

Instructions

We are interested in the types of thoughts and feelings that you have when you are in pain. Listed below are thirteen statements describing different thoughts and feelings that may be associated with pain. Using the following scale, please indicate the degree to which you have these thoughts and feelings when you are experiencing pain.

RATING 0 1 2 3 4
MEANING Not at all To a slight degree To a moderate degree To a great degree All the time

When I am in pain...

STATEMENT RATING
1 I worry all the time about whether the pain will end.
2 I feel I can’t go on.
3 It’s terrible and I think it’s never going to get any better.
4 It’s awful and I feel that it overwhelms me.
5 I feel I can’t stand it anymore.
6 I become afraid that the pain will get worse.
7 I keep thinking of other painful events.
8 I anxiously want the pain to go away.
9 I can’t seem to keep it out of my mind.
10 I keep thinking about how much it hurts.
11 I keep thinking about how badly I want the pain to stop.
12 There’s nothing I can do to reduce the intensity of the pain.
13 I wonder whether something serious may happen.