

## Table 2

### Electronic Medical Record Smart Form Template: Review of Fibromyalgia Symptoms

#### **Pain** +/- (comment box)

Location (can be more than one): head, neck, chest, abdomen, upper back, lower back, jaw (r), jaw (l), shoulder (r), shoulder (l), upper arm (r), upper arm (l), elbow (r), elbow (l), lower arm (r), lower arm (l), hand (r), hand (l), hip (r), hip (l), upper leg (r), upper leg (l), knee (r), knee (l), lower leg (r), lower leg (l), ankle (r), ankle (l), foot (r), foot (l); (comment box)

Severity: mild, moderate, severe; (comment box)

Duration: 3-6 months ago, more than 6 months ago, more than 1 year ago, more than 2 years ago, more than 5 years ago, more than 10 years ago; (comment box)

Quality (can be more than one): Burning, aching, sharp, tingling, shooting, stabbing, stiffness; (comment box)

Frequency: constantly, 2 to 4 times per day, once daily, every several days, intermittently, rarely; (comment box)

Modifying factors (can be more than one): physical activity, stress, sleep disturbance, weather, temperature, noise, lights; (comment box)

Progression since onset: unchanged, resolved, gradually improving, rapidly improving, gradually worsening, rapidly worsening, waxing and waning

#### **Sleep disturbance** +/- (comment box)

Severity: mild, moderate, severe; (comment box)

Duration: 3-6 months ago, more than 6 months ago, more than 1 year ago, more than 2 years ago, more than 5 years ago, more than 10 years ago; (comment box)

Quality (can be more than one): difficulty falling asleep, difficulty staying asleep, unrefreshing sleep, snoring; (comment box)

Frequency: daily, every several days, intermittently, rarely; (comment box)

Timing: less than 4 hours of sleep, 4-6 hours of sleep, 7-8 hours of sleep, 9-10 hours of sleep, greater than 10 hours of sleep; (comment box)

Modifying factors (can be more than one): physical activity, stress, worry, racing thoughts, pain, weather, temperature; (comment box)

Progression since onset: unchanged, resolved, gradually improving, rapidly improving, gradually worsening, rapidly worsening, waxing and waning

**Fatigue +/-** (comment box)

Severity: mild, moderate, severe; (comment box)

Duration: 3-6 months ago, more than 6 months ago, more than 1 year ago, more than 2 years ago, more than 5 years ago, more than 10 years ago; (comment box)

Quality (can be more than one): sleepiness, exhaustion, tiredness, sluggish; (comment box)

Frequency: constantly, 2 to 4 times per day, once daily, every several days, intermittently, rarely; (comment box)

Modifying factors (can be more than one): physical activity, stress, pain, sleep disturbance, weather, temperature; (comment box)

Progression since onset: unchanged, resolved, gradually improving, rapidly improving, gradually worsening, rapidly worsening, waxing and waning

**Cognitive Disturbance +/-** (comment box)

Severity: mild, moderate, severe; (comment box)

Duration: 3-6 months ago, more than 6 months ago, more than 1 year ago, more than 2 years ago, more than 5 years ago, more than 10 years ago; (comment box)

Quality (can be more than one): decreased concentration, decreased attention, forgetfulness, disorganization, slowed thinking, foggy, dulled; (comment box)

Frequency: constantly, 2 to 4 times per day, once daily, every several days, intermittently, rarely; (comment box)

Modifying factors (can be more than one): physical activity, stress, pain, fatigue, sleep disturbance, weather, temperature; (comment box)

Progression since onset: unchanged, resolved, gradually improving, rapidly improving, gradually worsening, rapidly worsening, waxing and waning

**Anxiety +/-** (comment box)

Severity: mild, moderate, severe; (comment box)

Duration: 3-6 months ago, more than 6 months ago, more than 1 year ago, more than 2 years ago, more than 5 years ago, more than 10 years ago; (comment box)

Quality (can be more than one): generalized worry, panic attacks, fears; (comment box)

Frequency: constantly, 2 to 4 times per day, once daily, every several days, intermittently, rarely; (comment box)

Modifying factors (can be more than one): physical activity, stress, pain, fatigue, sleep disturbance; (comment box)

Progression since onset: unchanged, resolved, gradually improving, rapidly improving, gradually worsening, rapidly worsening, waxing and waning

**Depression +/-** (comment box)

Severity: mild, moderate, severe; (comment box)

Duration: 3-6 months ago, more than 6 months ago, more than 1 year ago, more than 2 years ago, more than 5 years ago, more than 10 years ago; (comment box)

Quality (can be more than one): anhedonia, low mood, decreased motivation, low self esteem, pessimism, hopelessness, appetite change, suicidal ideation, history of suicide attempts; (comment box)

Frequency: constantly, 2 to 4 times per day, once daily, every several days, intermittently, rarely; (comment box)

Modifying factors (can be more than one): physical activity, stress, pain, fatigue, sleep disturbance; (comment box)

Progression since onset: unchanged, resolved, gradually improving, rapidly improving, gradually worsening, rapidly worsening, waxing and waning

**Other symptoms +/-** (comment box)