lower arm $oxed{1}$ Please indicate if you have had pain or tenderness during the past Right lower leg upper arm Right shoulder Right upper leg Check the boxes in the diagram for each area in which you have had pain or tenderness. 7 days in the areas shown below. Right jaw Right hip o buttocks Abdomen Chest or breast Left lower arm Left shoulder [Left upper arm Neck -Left upper leg Left lower leg Left jaw Left hip or buttocks _Upper back Lowe ig(2ig) For each symptom listed below, use the following scale to indicate the severity of the 4) Have the symptoms in questions 2-3 and pain been present at a similar level for (3) During the past 6 months have you had any of the following symptoms? at least 3 months? C. Headache B. Depression A. Pain or cramps in lower abdomen $\ \square$ No C. Waking up tired (unrefreshed) B. Trouble thinking or remembering A. Fatigue symptom during the past 7 days. No problem Severe problem: continuous, life-disturbing problems Slight or mild problem: generally mild or intermittent Moderate problem: considerable problems; often present and/or at a moderate level No problem Slight or mild Moderate □ No No S problem ☐ Yes Yes Yes Yes problem problem Severe