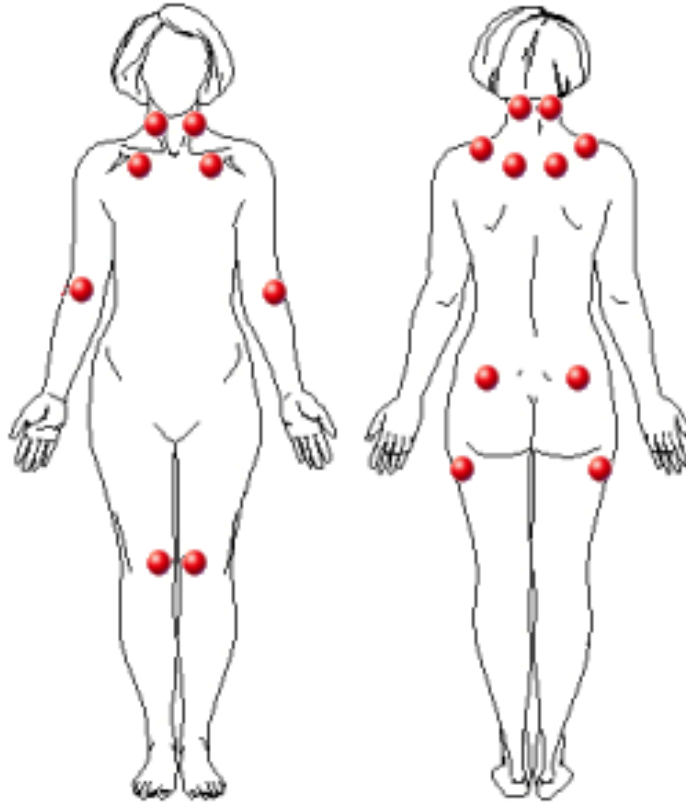


**Fibromyalgia Patient Evaluation**

Patient Name: \_\_\_\_\_

Date: \_\_\_\_\_

**\*\*Please circle only the areas with the dots where you have pain. Do not add any dots.**



**Patient Score: \_\_\_\_\_ /18**