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| **1. \*Has the patient had at least 15 days/month with pain for at least 6 months?** Yes/No/Unknown | |
| **2. \*Does the patient display at least 1 on the following signs** (type **"x"** in box next to item if applicable to patient)**:** | |
|  | * Palpation of the region of reported pain elicits focal pain or tenderness |
|  | * Movement of the region of reported pain elicits focal pain |
|  | * Decreased range of motion or weakness in the region of reported pain |
|  | * Evidence of skin ulcer in the region of reported pain |
|  | * Evidence of hepatobiliary or splenic imaging abnormalities (e.g., splenic infarct, chronic pancreatitis) consistent with the region of reported pain |
|  | * Evidence of imaging abnormalities consistent with bone infarction or avascular necrosis in the region of reported pain |

\* Core CDEs