

Name _____ Age _____ Sex _____

Address _____

City _____ State _____ Zip _____

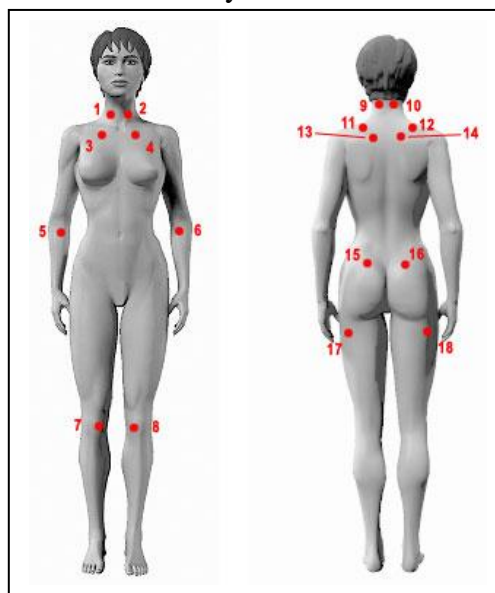
Home Phone _____ Work Phone _____

Occupation _____

Bring this questionnaire with you

Please check any symptoms that you presently have or occasionally suffer from

- | | | |
|------------------------------|-----|--------------------------|
| Aching | Yes | <input type="checkbox"/> |
| Tender Points | Yes | <input type="checkbox"/> |
| Recurring Headaches | Yes | <input type="checkbox"/> |
| Neck Pain | Yes | <input type="checkbox"/> |
| Facial Pain | Yes | <input type="checkbox"/> |
| Chronic Fatigue | Yes | <input type="checkbox"/> |
| Anxiety/Depression | Yes | <input type="checkbox"/> |
| Bowel or Urinary Dysfunction | Yes | <input type="checkbox"/> |
| TMJ (Jaw Pain) | Yes | <input type="checkbox"/> |
| Decreased Coordination | Yes | <input type="checkbox"/> |
| Sleep Disturbances | Yes | <input type="checkbox"/> |



Trigger Points: Do you have 6 of the 18 trigger points in the picture above?

1. Yes _____ No _____ Number of Trigger Points Found _____

2. **Would You like to get rid of this condition?**

Yes _____ No _____

Name: _____ Date: _____

Directions: For questions 1 through 11, please circle the number that best describes how you did overall for the *past week*. If you don't normally do something that is asked, cross the question out.

Always Mostly Occasional Never

Were you able to:

| | | | | |
|---|---|---|---|---|
| <i>Do shopping?</i> | 0 | 1 | 2 | 3 |
| <i>Do laundry with a washer and dryer?</i> | 0 | 1 | 2 | 3 |
| <i>Prepare meals?</i> | 0 | 1 | 2 | 3 |
| <i>Wash dishes/cooking utensils by hand?.....</i> | 0 | 1 | 2 | 3 |
| <i>Vacuum a rug?.....</i> | 0 | 1 | 2 | 3 |
| <i>Make beds?</i> | 0 | 1 | 2 | 3 |
| <i>Walk several blocks?</i> | 0 | 1 | 2 | 3 |
| <i>Visit friends or relatives?</i> | 0 | 1 | 2 | 3 |
| <i>Do yard work?.....</i> | 0 | 1 | 2 | 3 |
| <i>Drive a car?</i> | 0 | 1 | 2 | 3 |
| <i>Climb stairs?</i> | 0 | 1 | 2 | 3 |

12. *Of the 7 days in the past week, how many days did you feel good?*
0 1 2 3 4 5 6 7

13. *How many days last week did you miss work, including housework, because of Fibromyalgia?*
0 1 2 3 4 5 6 7

