

FIBROMYALGIA IMPACT QUESTIONNAIRE (FIQ)

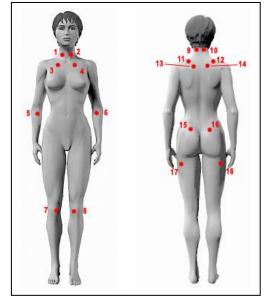


Name		_Age	Sex	_
Address				
City	State_	Zip_		
Home PhoneWor	k Phone			
Occupation				

Bring this questionaire with you

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

Aching	Yes	
Tender Points	Yes	
Recurring Headaches	Yes	
Neck Pain	Yes	
Facial Pain	Yes	
Chronic Fatigue	Yes	
Anxiety/Depression	Yes	
Bowel or Urinary Dysfunction	Yes	
TMJ (Jaw Pain)	Yes	
Decreased Coordination	Yes	
Sleep Disturbances	Yes	
-		



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____

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Name:	Date:
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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.

Alw	Always		stly	Occasional	Never
Were you able to:					
Do shopping?	0	1	2	3	
Do laundry with a washer and dryer?	0	1	2	3	
Prepare meals?	0	1	2	3	
Wash dishes/cooking utensils by hand?	0	1	2	3	
Vacuum a rug?	0	1	2	3	
Make beds?	0	1	2	3	
Walk several blocks?	0	1	2	3	
Visit friends or relatives?	0	1	2	3	
Do yard work?	0	1	2	3	
Drive a car?	0	1	2	3	
Climb stairs?	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



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Directions: For the remaining items, mark the point on the line that best indicates how you felt overall for the past week.

14. When you worked, how much did pain or other symptoms of your Fibromyalgia interfere with your ability to do your work, including housework? No problem with work Great difficulty with work 15. How bad has your pain been? Very severe pain No pain 16. How tired have you been? 17. How have you felt when you get up in the morning? Awoke well rested Awoke very tired 18. How bad has your stiffness been? 19. How nervous or anxious have you felt? 20. How depressed or blue have you felt?

If you were to spend the rest of your life with Fibromyalgia and your current symptoms, how would you feel about that? (circle one)

1 Delighted 2.Pleased 3. Mostly Satisfied 4. Mixed 5. Mostly Dissatisfied

6. Unhappy 7. Terrible