



FIBROMYALGIA IMPACT QUESTIONNAIRE

Name: _____

Date: _____

Directions:

For questions 1 thru 11, please circle the number that best describes how you did overall for the past week. If you do not normally do something that is asked, cross the question out.

Were you able to:

	Always	Most	Occasionally	Never
1. <i>Do shopping?</i>	0	1	2	3
2. <i>Do laundry with a washer and dryer?</i>	0	1	2	3
3. <i>Prepare meals?</i>	0	1	2	3
4. <i>Wash dishes/cooking utensils by hand?</i>	0	1	2	3
5. <i>Vacuum a rug?</i>	0	1	2	3
6. <i>Make beds?</i>	0	1	2	3
7. <i>Walk several blocks?</i>	0	1	2	3
8. <i>Visit friends or relatives?</i>	0	1	2	3
9. <i>Do yard work?</i>	0	1	2	3
10. <i>Drive a car?</i>	0	1	2	3
11. <i>Climb stairs?</i>	0	1	2	3

Directions: Answer questions 12 and 13 by circling the corresponding number.

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 questions, 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?*

No pain •  • Very severe pain

16. *How tired have you been?*

No tiredness •  • Very tired

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?*

No stiffness •  • Very stiff

19. *How nervous or anxious have you felt?*

Not anxious •  • Very anxious

20. *How depressed or blue have you felt?*

Not depressed •  • Very depressed

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Directions: For the remaining questions, mark the point on the line that best indicates how you felt overall for the past several months/years.

21. *How much has pain or other symptoms interfered with your ability to be gainfully employed and/or deal effectively with finances?*

No problem with finances • • Great difficulty with finances

22. *How much has pain or other symptoms interfered with your ability to be considerate, patient and loving in your relationships?*

No problem with relationships • • Great difficulty with relationships

23. *How much has pain or other symptoms interfered with your ability to socialize and/or do things you consider fun?*

No problem with social life • • Great difficulty with social life

24. *How much has pain or other symptoms interfered with your ability to be present, available and loving with your family?*

No problem with my family • • Great difficulty with my family

25. *How much has pain or other symptoms interfered with your ability to be happy and enjoy life?*

No problem with happiness • • Great difficulty with happiness

What is the *one thing* you will be able to do again or do with greater enjoyment, if we are able to help you with this problem?
