

FIBROMYALGIA IMPACT QUESTIONNAIRE (FIQ)

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.

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

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 ● ___I ___I ___I ___I ___I ___I ___I ___I ___I ___I ● Great difficulty with work

15. How bad has your pain been?

No pain ● ___I ___I ___I ___I ___I ___I ___I ___I ___I ___I ● Very severe pain

16. How tired have you been?

No tiredness ● ___I ___I ___I ___I ___I ___I ___I ___I ___I ___I ● Very tired

17. How have you felt when you get up in the morning?

Awoke well rested ● ___I ___I ___I ___I ___I ___I ___I ___I ___I ___I ● Awoke very tired

18. How bad has your stiffness been?

No stiffness ● ___I ___I ___I ___I ___I ___I ___I ___I ___I ___I ● Very stiff

19. How nervous or anxious have you felt?

Not anxious ● ___I ___I ___I ___I ___I ___I ___I ___I ___I ___I ● Very anxious

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20. How depressed or blue have you felt?

Not depressed • ___I ___I ___I ___I ___I ___I ___I ___I ___I ___I • Very depressed

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 • ___I ___I ___I ___I ___I ___I ___I ___I ___I ___I • Great difficulty w/ 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 • ___I ___I ___I ___I ___I ___I ___I ___I ___I ___I • Great difficulty

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 • ___I ___I ___I ___I ___I ___I ___I ___I ___I ___I • Great difficulty

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

No problem with family life • ___I ___I ___I ___I ___I ___I ___I ___I ___I ___I • Great difficulty

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

No problem with happiness • ___I ___I ___I ___I ___I ___I ___I ___I ___I ___I • Great difficulty

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?
