

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.

| | Always | Most | Occasionally | 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

(continued)

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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?*

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 items, 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 family life • _____ • Great difficulty with family life

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?
