

# FIBROMYALGIA CENTERS OF AMERICA

Dr. Robert J. Scranton

## FIBROMYALGIA IMPACT QUESTIONNAIRE (FIQ)

Name \_\_\_\_\_ Age \_\_\_\_\_ M \_\_\_\_\_ F \_\_\_\_\_

Address \_\_\_\_\_

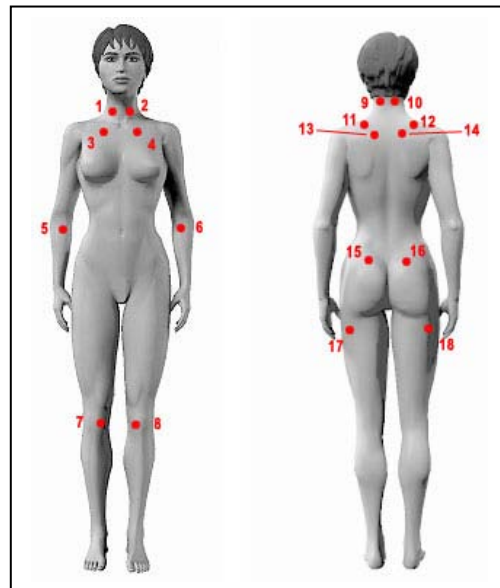
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Occupation \_\_\_\_\_ Chiropractor \_\_\_\_\_

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

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



### Trigger Points:

1. Do you have 11 of the 18 trigger points in the picture above?

Yes \_\_\_\_\_ No \_\_\_\_\_

2. Number of Trigger Points Found \_\_\_\_\_

3. Would You like to get rid of this condition?

Yes \_\_\_\_\_ No \_\_\_\_\_

**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

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1 Delighted

2. Mostly Satisfied

3. Mixed feelings

4. Mostly Dissatisfied

5. Unhappy

6. Terrible