

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)

FIBROMYALGIA IMPACT QUESTIONNAIRE (FIQ) – page 2

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