

## 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
<b>Were you able to:</b>				
<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