Fibromyalgia Questionnaire

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Patient Name: ______________________________Age:____ Date of Birth:____________Sex: M__ F__

Home Adress____________________City______________________State_____Zip Code_____________

Occupation_____________________ Marital status_______________________________

Ethnicity: ( ) Caucasian ( ) Hispanic ( ) Native American ( ) African-American ( ) Other

Check your pain Symptoms?
How does it affect your life?
Pain can come from painful trigger points, aching muscles, chronic headaches, or neck and back pain. It also can cause fatigue, anxiety, and depression that affect your sleep, your career, or your ability to lead an active life. Take a minute to think about how you have felt over the last six months. Which of these statements describes how it affects your life?

Did you ever been clinically diagnosed conditions (check all that apply):

- [ ] Chronic Fatigue Syndrome
- [ ] Fibromyalgia
- [ ] Hemorrhoids or fissures
- [ ] Chronic Epstein-Barr
- [ ] Rheumatoid arthritis
- [ ] Migraine
- [ ] Macular degeneration
- [ ] Irritable bowel syndrome
- [ ] Hypertension
- [ ] Adhesive capsulitis
- [ ] Lupus Erythmatoses
- [ ] Multiple Sclerosis
- [ ] Allergies (food)
- [ ] Allergies (other)
- [ ] Adrenal insufficiency
- [ ] Polyps (nasal, intestinal)
- [ ] Intestinal parasites
- [ ] Thromboses
- [ ] Orthostatic hypotension
- [ ] Contact dermatitis
- [ ]
- [ ] Hypothyroidism
- [ ] Clinical Obesity
- [ ] Diabetes
- [ ] Heart Disease
- [ ] Liver disease
- [ ] Cancer
- [ ] Osteoporosis
- [ ] Low blood pressure
- [ ] Osteoarthritis
- [ ] Tendonitis
- [ ] Lymphadenitis

1. I have deep, sharp, dull, throbbing, or aching pain all over my body that doesn't go away?

   ○ Yes

   ○ No

2. I have difficulty sleeping because of chronic pains?

   ○ Yes

   ○ No

3. I am constantly tired and inattentive during daytime hours?

   ○ Yes

   ○ No

4. I have widespread, deep muscle pain and stiffness when I wake up.

   ○ Yes

   ○ No

5. I have painful trigger points or localized areas of tenderness around joints that hurt when pressed?

- Yes
- No

6. My pain is so unbearable that I feel anxious and depressed?
   - Yes
   - No

7. I feel pain throughout my body that results in forced bed rest, along with loss of activity and income?
   - Yes
   - No

8. I am unable to exercise and be active so I spend a lot of time alone?
   - Yes
   - No

9. I have painful menstrual cramps and pelvic pain.(for women only)
   - Yes
   - No

10. Chronic fibromyalgia pain has forced me to not to enjoy the things I enjoyed in the past?
    - Yes
    - No

11. Chronic fibromyalgia pain has forced me to leave my job?
    - Yes
    - No

12. Chronic fibromyalgia pain has forced me do daily activities like cooking, cleaning etc?

- Yes
- No

13. This pain has affected my job and performance at work?

- Yes
- No

14. I have sensitivity to bright lights?

- Yes
- No

15. My skin is prone to pimples, acne and other outbreaks?

- Yes
- No.