

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)

