

# REVISED FIBROMYALGIA IMPACT QUESTIONNAIRE (FIQR)

Last Name: \_\_\_\_\_

Duration of FM symptoms (years): \_\_\_\_\_

First Name: \_\_\_\_\_

Time since FM was first diagnosed (years): \_\_\_\_\_

Age: \_\_\_\_\_

## DOMAIN 1: FUNCTION

**Directions:** For each of the following 9 questions, check the box that best indicates how much your Fibromyalgia made it difficult to perform each of the following activities during the past 7 days. If you did not perform a particular activity in the last 7 days, rate the difficulty for the last time you performed the activity. If you can't perform an activity, check the last box.

### BRUSH OR COMB YOUR HAIR

No difficulty ☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10 Very difficult

### WALK CONTINUOUSLY FOR 20 MINUTES

No difficulty ☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10 Very difficult

### PREPARE A HOMEMADE MEAL

No difficulty ☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10 Very difficult

### VACUUM, SCRUB, OR SWEEP FLOORS

No difficulty ☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10 Very difficult

### LIFT AND CARRY A BAG FULL OF GROCERIES

No difficulty ☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10 Very difficult

### CLIMB ONE FLIGHT OF STAIRS

No difficulty ☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10 Very difficult

### CHANGE BEDSHEETS

No difficulty ☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10 Very difficult

### SIT IN A CHAIR FOR 45 MINUTES

No difficulty ☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10 Very difficult

### SHOP FOR GROCERIES

No difficulty ☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10 Very difficult

DOMAIN 1 SUBTOTAL: \_\_\_\_\_

## DOMAIN 2: OVERALL

**Directions:** For each of the following 2 questions, check the box that best describes the overall impact of your Fibromyalgia over the last 7 days.

### FIBROMYALGIA PREVENTED ME FROM ACCOMPLISHING GOALS FOR THE WEEK

Never ☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10 Always

### I WAS COMPLETELY OVERWHELMED BY MY FIBROMYALGIA SYMPTOMS

Never ☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10 Always

DOMAIN 2 SUBTOTAL: \_\_\_\_\_

## DOMAIN 3: SYMPTOMS

**Directions:** For each of the following 10 questions, select the box that best indicates your intensity level of these common Fibromyalgia symptoms over the past 7 days.

### PLEASE RATE THE LEVEL OF PAIN

No pain ☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10 Unbearable pain

### PLEASE RATE YOUR LEVEL OF ENERGY

Lots of energy ☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10 No energy

### PLEASE RATE YOUR LEVEL OF STIFFNESS

No stiffness ☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10 Severe stiffness

### PLEASE RATE THE QUALITY OF YOUR SLEEP

Awoke well rested ☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10 Awoke very tired

### PLEASE RATE YOUR LEVEL OF DEPRESSION

No depression ☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10 Very depressed

### PLEASE RATE YOUR LEVEL OF MEMORY PROBLEMS

Good memory ☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10 Very poor memory

### PLEASE RATE YOUR LEVEL OF ANXIETY

Not anxious ☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10 Very anxious

### PLEASE RATE YOUR LEVEL OF TENDERNESS TO TOUCH

No tenderness ☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10 Very tender

### PLEASE RATE YOUR LEVEL OF BALANCE PROBLEMS

No imbalance ☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10 Severe imbalance

### PLEASE RATE YOUR LEVEL OF SENSITIVITY TO LOUD NOISES, BRIGHT LIGHTS, ODORS, AND COLD

No sensitivity ☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10 Extreme sensitivity

DOMAIN 3 SUBTOTAL: \_\_\_\_\_

### SCORING:

- 1) Sum the scores for each of the 3 domains (function, overall, and symptoms).
- 2) Divide domain 1 score by 3, leave domain 2 score unchanged, and divide domain 3 score by 2.
- 3) Add the 3 resulting domain scores to obtain the total FIQR score.

DOMAIN 1 SUBTOTAL	_____	÷ 3	= _____
DOMAIN 2 SUBTOTAL	_____	CARRY OVER SUBTOTAL	= _____
DOMAIN 3 SUBTOTAL	_____	÷ 2	= _____

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TOTAL FIQR SCORE