FIBROQUEST Symptoms Survey

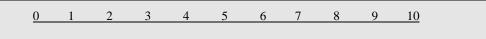
Name.....Date....

The symptoms of fibromyalgia are listed in large, bold print below. The shaded boxes below the symptom names contain numbers 0 through 10 along a line. Indicate the level of your experience *since your last evaluation* by marking an "X" at the appropriate spot along the line. "0" means you have *not* experienced the symptom. "10" means the symptom has been as bad as possible. © 1995 John C. Lowe

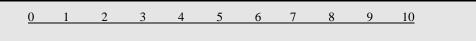
Pain How *intense* has your pain been?

0 1 2 3 4 5 6 7 8 9 10

Fatigue How tired have you felt?



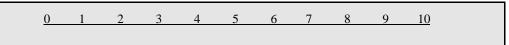
Stiffness How stiff have you felt?



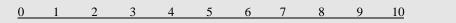
Headaches How intense have your headaches been?

0)	1	2	3	4	5	6	7	8	9	10
_											

Sleep Disturbance How disturbed has your sleep been?



Bowel Disturbance How disturbed has your bowel function been?



Depression How depressed have you felt?

<u>0 1 2 3 4 5 6 7 8 9 10</u>

(Please complete the opposite side of this sheet.)

Memory & Concentration How bad have your memory and concentration been?

<u>0 1 2 3 4 5 6 7 8 9 10</u>

Anxiety How anxious have you been?

<u>0 1 2 3 4 5 6 7 8 9 10</u>

Coldness How cold have you been (whether your hands, feet, or whole body)?

<u>0 1 2 3 4 5 6 7 8 9 10</u>

Numbness or Tingling How much of these sensations have you experienced?

Dry Tissues How dry have your mucous membranes, skin, or hair been?

<u>0 1 2 3 4 5 6 7 8 9 10</u>

ADDITIONAL QUESTIONS Please answer the following questions about your status since your last evaluation.

- 1. Approximately how many times per day do you urinate?
- 2. If you have exercised, check below what type, and indicate how long or how intensely:
 - □ Aerobic exercise How many days per week: ______ How long each time: _____(minutes)
 □ Toning exercise How many days per week: ______ How intensely: □ mildly □ moderately □ severely
 □ Stretching exercise How many days per week: ______ How intensely: □ mildly □ moderately □ severely

Exercise How difficult is it for you to exercise?

0 1 2 3 4 5 6 7 8 9 10