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.

Pain How ***intense*** has your pain been?

0 1 2 3 4 5 6 7 8 9 10

Fatigue How tired have you felt?

0 1 2 3 4 5 6 7 8 9 10

Stiffness How stiff have you felt?

0 1 2 3 4 5 6 7 8 9 10

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?

0 1 2 3 4 5 6 7 8 9 10

Bowel Disturbance How disturbed has your bowel function been?

0 1 2 3 4 5 6 7 8 9 10

Depression How depressed have you felt?

0 1 2 3 4 5 6 7 8 9 10

(Please complete the opposite side of this sheet.)

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

0 1 2 3 4 5 6 7 8 9 10

Anxiety How anxious have you been?

0 1 2 3 4 5 6 7 8 9 10

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

0 1 2 3 4 5 6 7 8 9 10

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

0 1 2 3 4 5 6 7 8 9 10

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

0 1 2 3 4 5 6 7 8 9 10

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