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

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

WALK CONTINUOUSLY FOR 20 MINUTES

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

PREPARE A HOMEMADE MEAL

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

VACUUM, SCRUB, OR SWEEP FLOORS

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

LIFT AND CARRY A BAG FULL OF GROCERIES

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

CLIMB ONE FLIGHT OF STAIRS

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

CHANGE BEDSHEETS

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

SIT IN A CHAIR FOR 45 MINUTES

	❑ 0	❑ 1	❑ 2	❑ 3	❑ 4	❑ 5	❑ 6	❑ 7	❑ 8	❑ 9	❑ 10	
No difficulty												**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	= ___________	▶	TOTAL FIQR SCORE
DOMAIN 3 SUBTOTAL ___________	÷ 2	= ___________		

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