

REVISED FIBROMYALGIA (FM) 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	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Very difficult
	0	1	2	3	4	5	6	7	8	9	10	

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	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Always
	0	1	2	3	4	5	6	7	8	9	10	

I WAS COMPLETELY OVERWHELMED BY MY FIBROMYALGIA SYMPTOMS

Never	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Always
	0	1	2	3	4	5	6	7	8	9	10	

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	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Unbearable pain
	0	1	2	3	4	5	6	7	8	9	10	

PLEASE RATE YOUR LEVEL OF ENERGY

Lots of energy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	No energy
	0	1	2	3	4	5	6	7	8	9	10	

PLEASE RATE YOUR LEVEL OF STIFFNESS

No stiffness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Severe stiffness
	0	1	2	3	4	5	6	7	8	9	10	

PLEASE RATE THE QUALITY OF YOUR SLEEP

Awoke well rested	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Awoke very tired
	0	1	2	3	4	5	6	7	8	9	10	

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

<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">DOMAIN 1 SUBTOTAL _____</td> <td style="width: 10%; text-align: center;">÷ 3</td> <td style="width: 10%; text-align: center;">=</td> <td style="width: 50%; text-align: right;">_____</td> </tr> <tr> <td>DOMAIN 2 SUBTOTAL _____</td> <td style="text-align: center;">CARRY OVER SUBTOTAL</td> <td style="text-align: center;">=</td> <td style="text-align: right;">_____</td> </tr> <tr> <td>DOMAIN 3 SUBTOTAL _____</td> <td style="text-align: center;">÷ 2</td> <td style="text-align: center;">=</td> <td style="text-align: right;">_____</td> </tr> </table>	DOMAIN 1 SUBTOTAL _____	÷ 3	=	_____	DOMAIN 2 SUBTOTAL _____	CARRY OVER SUBTOTAL	=	_____	DOMAIN 3 SUBTOTAL _____	÷ 2	=	_____	<div style="display: flex; align-items: center; justify-content: center;"> <div style="font-size: 2em; margin-right: 10px;">▶</div> <div style="border: 1px solid black; width: 100px; height: 60px; display: flex; align-items: center; justify-content: center;"> <div style="text-align: center;"> <p>TOTAL FIQR SCORE</p> </div> </div> </div>
DOMAIN 1 SUBTOTAL _____	÷ 3	=	_____										
DOMAIN 2 SUBTOTAL _____	CARRY OVER SUBTOTAL	=	_____										
DOMAIN 3 SUBTOTAL _____	÷ 2	=	_____										