

# Fibromyalgia Impact Questionnaire (FIQ)

Date \_\_\_\_\_

Name \_\_\_\_\_

**Directions:** For questions 1 through 11, please circle the number that best describes how you did overall for the past week. If you don't normally do something that is asked, cross out the question.

Have you been able to:	Always	Most times	Occasionally	Never
1. Do shopping?	0	1	2	3
2. Do laundry with a washer or dryer?	0	1	2	3
3. Prepare meals?	0	1	2	3
4. Wash dishes/cooking utensils by hand?	0	1	2	3
5. Vacuum a rug?	0	1	2	3
6. Make beds?	0	1	2	3
7. Walk several blocks?	0	1	2	3
8. Visit friends or relatives?	0	1	2	3
9. Do yard work?	0	1	2	3
10. Drive a car?	0	1	2	3
11. Climb stairs?	0	1	2	3

12. Of the 7 days in the past week, how many days did you feel good? 0 1 2 3 4 5 6 7 (circle one)

13. How many days last week did you miss work, including housework, because of fibromyalgia?  
0 1 2 3 4 5 6 7 (circle one)

**Directions:** For the remaining items, make the point on the line that best indicates how you felt *overall* for the past week. (Note: Marking the extreme left end of the line means you had *no* difficulty with a problem or symptoms. Marking the extreme right end means that you had *great* difficulty with the problem or symptom.)

14. When you worked, how much did pain or other symptoms of your fibromyalgia interfere with your ability to do your work, including housework?

0    1    2    3    4    5    6    7    8    9    10

15. How bad has your pain been?

0    1    2    3    4    5    6    7    8    9    10

16. How tired have you been?

0    1    2    3    4    5    6    7    8    9    10

17. How have you felt when you got up in the morning?

0    1    2    3    4    5    6    7    8    9    10

18. How bad has your stiffness been?

0    1    2    3    4    5    6    7    8    9    10

19. How tense, nervous, or anxious have you felt?

0    1    2    3    4    5    6    7    8    9    10

20. How depressed or blue have you felt?

0    1    2    3    4    5    6    7    8    9    10