Fibromyalgia Questionnaire, Hauser 2012

Primary Care Assessment

PATIENT'S NAME: _____ **DATE:** _____

Place an X in the box next to that which mostly describes how you are feeling.

I Using the following scale, indicate for each item the level severity over the past week by checking the appropriate box.	
☐ 0 No problem	
☐ 1 Slight or mild problems; generally mild or intermittent	
☐ 2 Moderate; considerable problems, often present and/or at a moderate level	
☐ 3 Severe; continuous, life-disturbing problems	
Fatigue	☐ 0 ☐ 1 ☐ 2 ☐ 3
Trouble thinking or remembering	☐ 0 ☐ 1 ☐ 2 ☐ 3
Waking up tired (unrefreshed)	☐ 0 ☐ 1 ☐ 2 ☐ 3
ii During the past 6 months, have you had any of the following symptoms?	
Pain or cramps in lower abdomen	☐ Yes ☐ No
Depression	☐ Yes ☐ No
Headache	☐ Yes ☐ No

iii Joint/body pain

Please indicate below if you have had pain or tenderness over the past 7 days in each of the areas listed below. Please make an X in the box (e.g. X if you have had pain or tenderness. Be sure to mark both right side and left side separately.

☐ Shoulder, left	☐ Upper arm, left	☐ Upper leg, left	☐ Jaw, left	☐ Lower back
☐ Shoulder, right	☐ Upper arm, right	☐ Upper leg, right	☐ Jaw, right	☐ Upper back
☐ Hip, left	☐ Lower arm, left	☐ Lower leg, left	☐ Chest	☐ Neck
☐ Hip, right	☐ Lower arm, right	☐ Lower leg, right	☐ Abdomen	☐ No pain in any of these areas

Overall, were the symptoms list in i – iii above generally present for at least 3 months?

☐ Yes ☐ No

Staff to complete:

NOTES:

ASSESSMENT CARRIED OUT BY: _____

Adapted from Hauser et a 2012