DR. MOSHE GABBAY, MDCM, FRCPC
CLINIQUE MÉDICALE MEDIPLEX

Name ______________________________ **Date** ____________________

FIBROMYALGIA EVALUATION QUESTIONNAIRE

A. Over the last week, please indicate the level of severity of the following symptoms:

	None (0)	Mild (1)	Moderate (2)	Severe (3)
Fatigue	☐	☐	☐	☐
Waking unrefreshed	☐	☐	☐	☐
Reduced mental alertness / fogginess, forgetfulness	☐	☐	☐	☐

B. Over the last week, please indicate the areas where you have had pain :

1. Right side of your jaw ☐
2. Left side of your jaw ☐
3. Neck ☐
4. Right shoulder ☐
5. Left shoulder ☐
6. Right upper arm ☐
7. Left upper arm ☐
8. Right lower arm ☐
9. Left lower arm ☐
10. Chest ☐
11. Abdomen ☐
12. Upper back ☐
13. Lower back ☐
14. Right hip ☐
15. Left hip ☐
16. Right upper leg ☐
17. Left upper leg ☐
18. Right lower leg ☐
19. Left lower leg ☐

C. Over the last 3 months, please indicate if you experienced any of the following:

1. Muscle pain ☐
2. Irritable bowel syndrome ☐
3. Fatigue/tiredness ☐
4. Thinking or remembering problems ☐
5. Muscle weakness ☐
6. Headache ☐
7. Numbness/tingling ☐
8. Dizziness ☐
9. Insomnia ☐
10. Depression ☐
11. Constipation ☐
12. Pain in upper abdomen ☐
13. Vomiting ☐
14. Heartburn ☐
15. Oral ulcers ☐
16. Loss of/change in taste ☐
17. Seizures ☐
18. Dry eyes ☐
19. Shortness of breath ☐
20. Loss of appetite ☐
21. Nausea ☐
22. Nervousness ☐
23. Chest pain ☐
24. Blurred vision ☐
25. Fever ☐
26. Diarrhea ☐
27. Dry mouth ☐
28. Itching ☐
29. Wheezing ☐
30. Raynaud's phenomenon ☐
31. Hives/welts ☐
32. Ringing in ears ☐
33. Rash ☐
34. Sun sensitivity ☐
35. Hearing difficulties ☐
36. Easy bruising ☐
37. Hair loss ☐
38. Frequent urination ☐
39. Painful urination ☐
40. Bladder spasms ☐

TOTAL SCORE ______________