Today's Date:

FIBROMYALGIA QUESTIONNAIRE

First Name: _____ MI: _____ Last Name: _____

Check only those conditions that apply to you and indicate if you have in the past or presently have:

YES	GENERAL QUESTIONS	PAST	PRESENT
	I bruise easily		
	I heal slowly		
	I could have Lymes Disease (History of flea or tick bites?/Exposure to infected person?)		
	My body temperature is normally low (feel cold)		
	Diabetic-Hypoglycemic or need to have dialysis		
	Do you have a pacemaker or chest shunt		
	Do you have difficulty or intolerance to heat/ice packs on your skin?		
	History of gout, lupus, psoriasis, temporary paralysis		
	Cancer history or treatment of any type		
	Any gastrointestinal symptoms (bloating/diarrhea/constipation/gas/acid reflux)?		
	Told that you were gluten, lactose, corn or soy intolerant?		
	Have you ever been hospitalized? Why:		
	Thyroid disorders		
	Coma from head injury or other problem		
	Told you have osteoporosis of your spine or osteopenia (weak bones)		
	Told you have osteoarthritis or rheumatoid arthritis of your spine or joints		
	Women only: Are you post-menopausal or had full/partial hysterectomy?		

SPECIFIC SIGNS AND SYMPTOMS

Please circle any word or phrase below that best describes what symptoms you are ***currently*** experiencing

Pain	TMJ problems	Emotional stress	Exercise intolerance	**Females:**
Ache	Numbness/tingling	Work stress	Bloating	PMS
Fatigue/exhausted	Cold/heat sensitive	Anxiety/worry	Flatulence/gas	Menstrual irregularities
No energy	Odor sensitive	Hair loss	Diarrhea	Painful menstruation
Memory problem	Noise sensitive	Depression	Constipation	Trouble conceiving
Sleep disturbance	Bright light sensitive	Weight gain	Incontinence	**Males:**
Not rested after sleep	Medicine sensitive	Weight loss	Acid reflux	Impotency
Irritable	Chemical sensitive	Joint swelling	Dry eyes/mouth	Decreased stamina
Stiff or tight	Food sensitive	Arthritis	Impaired coordination	**Females/Males:**
Headaches	Prior infection	Trigger points	Dizziness	Decreased sex drive

DO YOU EXERCISE?

Circle all that apply:

I do no regular exercise	I exercise 1-2 times a week	I exercise 3-5 times a week
I stretch regularly	I do weight lifting at gym/home	I do cardiovascular workouts
I am willing to do exercise	I am not willing to do exercises	I do regular sports activities

Signature_____Date:_____