

	Always	Most times	Occasionally	Never
1. Were you able to:				
a. Do shopping	0	1	2	3
b. Do laundry with a washer and dryer	0	1	2	3
c. Prepare meals	0	1	2	3
d. Wash dishes/cooking utensils by hand	0	1	2	3
e. Vacuum a rug	0	1	2	3
f. Make beds	0	1	2	3
g. Walk several blocks	0	1	2	3
h. Visit friends/relatives	0	1	2	3
i. Do yard work	0	1	2	3
j. Drive a car	0	1	2	3

2. Of the 7 days in the past week, how many days did you feel good?

1 2 3 4 5 6 7

3. How many days in the past week did you miss work because of your fibromyalgia? (If you don't have a job outside the home leave this item blank.) 1 2 3 4 5

4. When you did go to work, how much did pain or other symptoms of your fibromyalgia interfere with your ability to do your job?

No problem Great difficulty

5. How bad has your pain been?

No pain Very severe pain

6. How tired have you been?

No tiredness Very tired

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

Awoke well rested Awoke very tired

8. How bad has your stiffness been?

No stiffness Very stiff

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

Not tense Very tense

10. How depressed or blue have you felt?

Not depressed Very depressed