

A New Health

Fibromyalgia Pain Assessment Tool

Name _____ Date _____

Please answer the questions below if you are experiencing pain and be as accurate as you can be with your answers.

1. How long have you had pain? Less than 3 months 3 months or longer

2. Where do you feel the pain? Check all that apply.
 All over On both sides of my body Both above and below my waist
 Only in specific parts of my body (for example, my neck or my legs)

3. Do any of the following symptoms accompany the pain? Check all that apply.
 Muscle tenderness Deep, constant pain Flu-like aching Stiffness
 Shooting or radiating pain

4. In the last week, how many days has the pain interfered with your daily living?
 1-2 days 2-3 days 3-4 days 4-5 days 5-6 days 6-7 days

5. Does the pain interfere with your ability to do any of the following things? Check all that apply.
 Go to work/perform well at work Take care of your family Socialize/see friends
 Finish household chores/errands Participate in activities/hobbies

6. Does the pain affect your sleep? Not at all Somewhat Often Always

7. Does fatigue interfere with your daily life? Check all that apply.
 Not at all Somewhat Often Always

8. Do you have problems with your memory or your concentration? Check all that apply.
 Not at all Somewhat Often Always

- 9a. Have you been diagnosed with any other conditions (excluding Fibromyalgia) Check all that apply.
 Yes No Chronic Fatigue Syndrome Irritable bowel syndrome
 Tension headaches & migraine Temporomandibular disorder Other _____

10. Do you have depression or anxiety? Yes No

11. Have you been diagnosed with Fibromyalgia? Yes No

12. What are you doing to help the chronic pain? Check all that apply.
 Physical therapy Chiropractic Care Prescription medication Acupuncture
 Exercise Counseling Cognitive behavioral therapy Counseling
 Applying heat or cold Over-the-counter-medication Other _____

Comments: _____

