Revised Fibromyalgia Impact Questionnaire (FIQR)

Name: _____ Date: _____

Check the one box on each 0 to 10 scale that best describes your fibromyalgia over the past 7 days. Domain 1 (function, 9 items): how much your fibromyalgia made it difficult to do each activity. Domain 2 (overall impact, 2 items): the overall impact of your fibromyalgia. Domain 3 (symptoms, 10 items): the intensity of your fibromyalgia symptoms. All questions refer to the past 7 days.

1. Brush or comb your hair

[ ] 0 (No difficulty)	0
[ ] 1	1
[ ] 2	2
[ ] 3	3
[ ] 4	4
[ ] 5	5
[ ] 6	6
[ ] 7	7
[ ] 8	8
[ ] 9	9
[ ] 10 (Very difficult)	10

2. Walk continuously for 20 minutes

[ ] 0 (No difficulty)	0
[ ] 1	1
[ ] 2	2
[ ] 3	3
[ ] 4	4
[ ] 5	5
[ ] 6	6
[ ] 7	7
[ ] 8	8
[ ] 9	9
[ ] 10 (Very difficult)	10

3. Prepare a homemade meal

[ ] 0 (No difficulty)	0
[ ] 1	1
[ ] 2	2
[ ] 3	3
[ ] 4	4
[ ] 5	5
[ ] 6	6
[ ] 7	7
[ ] 8	8
[ ] 9	9
[ ] 10 (Very difficult)	10

4. Vacuum, scrub, or sweep floors

[ ] 0 (No difficulty)	0
[ ] 1	1
[ ] 2	2
[ ] 3	3
[ ] 4	4
[ ] 5	5
[ ] 6	6
[ ] 7	7
[ ] 8	8
[ ] 9	9
[ ] 10 (Very difficult)	10

5. Lift and carry a bag full of groceries

[ ] 0 (No difficulty)	0
[ ] 1	1
[ ] 2	2
[ ] 3	3
[ ] 4	4
[ ] 5	5
[ ] 6	6
[ ] 7	7
[ ] 8	8
[ ] 9	9
[ ] 10 (Very difficult)	10

6. Climb one flight of stairs

[ ] 0 (No difficulty)	0
[ ] 1	1
[ ] 2	2
[ ] 3	3
[ ] 4	4
[ ] 5	5
[ ] 6	6
[ ] 7	7
[ ] 8	8
[ ] 9	9
[ ] 10 (Very difficult)	10

7. Change bed sheets

[ ] 0 (No difficulty)	0
[ ] 1	1
[ ] 2	2
[ ] 3	3
[ ] 4	4
[ ] 5	5
[ ] 6	6
[ ] 7	7
[ ] 8	8
[ ] 9	9
[ ] 10 (Very difficult)	10

8. Sit in a chair for 45 minutes

[ ] 0 (No difficulty)	0
[ ] 1	1
[ ] 2	2
[ ] 3	3
[ ] 4	4
[ ] 5	5
[ ] 6	6
[ ] 7	7
[ ] 8	8
[ ] 9	9
[ ] 10 (Very difficult)	10

9. Go shopping for groceries

[ ] 0 (No difficulty)	0
[ ] 1	1
[ ] 2	2
[ ] 3	3
[ ] 4	4
[ ] 5	5
[ ] 6	6
[ ] 7	7
[ ] 8	8
[ ] 9	9
[ ] 10 (Very difficult)	10

10. Fibromyalgia prevented me from accomplishing goals for the week

[ ] 0 (Never)	0
[ ] 1	1
[ ] 2	2
[ ] 3	3
[ ] 4	4
[ ] 5	5
[ ] 6	6
[ ] 7	7
[ ] 8	8
[ ] 9	9
[ ] 10 (Always)	10

11. I was completely overwhelmed by my fibromyalgia symptoms

[ ] 0 (Never)	0
[ ] 1	1
[ ] 2	2
[ ] 3	3
[ ] 4	4
[ ] 5	5
[ ] 6	6
[ ] 7	7
[ ] 8	8
[ ] 9	9
[ ] 10 (Always)	10

12. Please rate your level of pain

[ ] 0 (No pain)	0
[ ] 1	1
[ ] 2	2
[ ] 3	3
[ ] 4	4
[ ] 5	5
[ ] 6	6
[ ] 7	7
[ ] 8	8
[ ] 9	9
[ ] 10 (Unbearable pain)	10

13. Please rate your level of energy

[ ] 0 (Lots of energy)	0
[ ] 1	1
[ ] 2	2
[ ] 3	3
[ ] 4	4
[ ] 5	5
[ ] 6	6
[ ] 7	7
[ ] 8	8
[ ] 9	9
[ ] 10 (No energy)	10

14. Please rate your level of stiffness

[ ] 0 (No stiffness)	0
[ ] 1	1
[ ] 2	2
[ ] 3	3
[ ] 4	4
[ ] 5	5
[ ] 6	6
[ ] 7	7
[ ] 8	8
[ ] 9	9
[ ] 10 (Severe stiffness)	10

15. Please rate the quality of your sleep

[ ] 0 (Awoke rested)	0
[ ] 1	1
[ ] 2	2
[ ] 3	3
[ ] 4	4
[ ] 5	5
[ ] 6	6
[ ] 7	7
[ ] 8	8
[ ] 9	9
[ ] 10 (Awoke very tired)	10

16. Please rate your level of depression

[ ] 0 (No depression)	0
[ ] 1	1
[ ] 2	2
[ ] 3	3
[ ] 4	4
[ ] 5	5
[ ] 6	6
[ ] 7	7
[ ] 8	8
[ ] 9	9
[ ] 10 (Very depressed)	10

17. Please rate your level of memory problems

[ ] 0 (Good memory)	0
[ ] 1	1
[ ] 2	2
[ ] 3	3
[ ] 4	4
[ ] 5	5
[ ] 6	6
[ ] 7	7
[ ] 8	8
[ ] 9	9
[ ] 10 (Very poor memory)	10

18. Please rate your level of anxiety

[ ] 0 (Not anxious)	0
[ ] 1	1
[ ] 2	2
[ ] 3	3
[ ] 4	4
[ ] 5	5
[ ] 6	6
[ ] 7	7
[ ] 8	8
[ ] 9	9
[ ] 10 (Very anxious)	10

19. Please rate your level of tenderness to touch

[ ] 0 (No tenderness)	0
[ ] 1	1
[ ] 2	2
[ ] 3	3
[ ] 4	4
[ ] 5	5
[ ] 6	6
[ ] 7	7
[ ] 8	8
[ ] 9	9
[ ] 10 (Very tender)	10

20. Please rate your level of balance problems

[ ] 0 (No imbalance)	0
[ ] 1	1
[ ] 2	2
[ ] 3	3
[ ] 4	4
[ ] 5	5
[ ] 6	6
[ ] 7	7
[ ] 8	8
[ ] 9	9
[ ] 10 (Severe imbalance)	10

21. Please rate your level of sensitivity to loud noises, bright lights, odors, and cold

[ ] 0 (No sensitivity)	0
[ ] 1	1
[ ] 2	2
[ ] 3	3
[ ] 4	4
[ ] 5	5
[ ] 6	6
[ ] 7	7
[ ] 8	8
[ ] 9	9
[ ] 10 (Extreme sensitivity)	10

Scoring

All 21 items are 0 to 10 numeric rating scales (10 = worst). Sum each domain, divide the function sum by 3, leave the overall impact sum unchanged, divide the symptoms sum by 2, and add the three results. Total 0 to 100, higher is worse.

Function (0 to 30): _____
Overall impact (0 to 20): _____
Symptoms (0 to 50): _____
FIQR total (0 to 100): _____

Source: Bennett, R. M., Friend, R., Jones, K. D., Ward, R., Han, B. K., & Ross, R. L. (2009). The Revised Fibromyalgia Impact Questionnaire (FIQR): Validation and psychometric properties. Arthritis Research & Therapy, 11(4), R120.
Online calculator and more: physiotutors.com/questionnaires