



# At-Home Fibromyalgia Questionnaire



1

## CALCULATE HOW WIDESPREAD YOUR PAIN IS

←  
*Check the boxes of where you've felt pain in the past 3 months*  
→



**Number of Pain Boxes Checked:**

2

## CHECK YOUR OVERLAPPING SYMPTOMS

- |   |  |
|---|--|
| <input type="checkbox"/> Headache           | <input type="checkbox"/> Bladder Problems      |
| <input type="checkbox"/> Depression/Anxiety | <input type="checkbox"/> Fatigue               |
| <input type="checkbox"/> Heartburn          | <input type="checkbox"/> Waking Up Unrefreshed |
| <input type="checkbox"/> Irritable Bowel    | <input type="checkbox"/> Cognitive Issues      |

**Number of Symptoms Boxes Checked:**

## 3 TALLY YOUR NUMBERS

*Add the two numbers from above*

**Score:**

## 4 IF SCORE IS 7 OR HIGHER...

**Bring this sheet to your doctor to discuss fibromyalgia**