At-Home Fibromyalgia Questionnaire

1. **Check the boxes of where you’ve felt pain in the past 3 months**

   - Number of Pain Boxes Checked: __

2. **Check Your Overlapping Symptoms**

   - Headache
   - Depression/Anxiety
   - Heartburn
   - Irritable Bowel
   - Bladder Problems
   - Fatigue
   - Waking Up Unrefreshed
   - 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