

FIBROMYALGIA IMPACT QUESTIONNAIRE (FIQ)

Purpose

The FIQ is an assessment and evaluation instrument developed to measure fibromyalgia (FM) patient status, progress and outcomes. It has been designed to measure the components of health status that are believed to be most affected by FM.

Content

The FIQ is composed of 20 items. The first 11 items make up a physical functioning scale. Each item is rated on a 4 point likert type scale. Items 12 and 13 ask patients to mark the number of days they felt well and number of days they were unable to work because of FM symptoms. Items 14 through 20 are 10 centimeter visual analog scales marked in 1 centimeter increments on which the patient rates work difficulty, pain, fatigue, morning tiredness, stiffness, anxiety and depression.

Administration

The FIQ is a brief, self-administered instrument that takes approximately 5 minutes to complete. The directions are simple and self-explanatory.

Scoring

The FIQ is scored in such a way that a higher score indicates a greater impact of the syndrome on the person. The questionnaire is scored in the following manner:

1. Items 1 through 11 are scored and summed to yield one physical impairment score. Raw scores on each item can range from 0 (always) to 3 (never). Because some patients may not do some of the tasks listed, they are given the option of deleting items from scoring. In order to obtain a valid summed score for items 1 through 11, the scores for the items that the patient has rated are summed and divided by the number of items rated. An average raw score between 0 and 3 is obtained in this manner.
2. Item 12 is recoded so that a higher number indicates impairment (i.e., 0=7, 7=0, etc.). Raw scores can range from 0 to 7.
3. Item 13 is scored as number of days the patient was unable to do regular work activities. Raw scores can range from 0 to 7.
4. Items 14 through 20 are scored in 1 centimeter increments. Raw scores can range from 0 to 10. If the patient marks the space between two vertical lines on any item, that item is given a score that includes .5.
5. Once the initial scoring has been completed, the resulting scores are subjected to a normalization procedure so that all scores are expressed in similar units. The range of normalized scores is 0 to 10 with 0 indicating no impairment and 10 indicating maximum impairment.

SCALEITEMS	RECODE	SCORE	RANGE	NORMALIZATION
*Physical Impairment	1-11	No	0-3	S X 3.33 (S=raw or summed score)
*Feel Good	12	Yes	0-7	S X 1.43
Work Missed	13	No	0-7	S X 1.43
Do Job	14	No	0-10	None
*Pain	15	No	0-10	None
*Fatigue	16	No	0-10	None
*Rested	17	No	0-10	None
*Stiffness	18	No	0-10	None
*Anxiety	19	No	0-10	None
*Depression	20	No	0-10	None

6. Starred (*) items may be combined into a total score of fibromyalgia impact which ranges from 0 to 80.

Citation: Burckhardt, C.S., Clark S.R., Bennett, R.M. (1991). The Fibromyalgia Impact Questionnaire: Development and validation. *Journal of Rheumatology*. 18, 728-734.

Address for copies:

Carol S. Burckhardt, PhD
School of Nursing, SN-4S
Oregon Health Sciences University
Portland, OR 97201-3098

Phone: (503) 494-3895
FAX: (503) 494-3691
e-mail: burckhac~ohsu.edu

Name _____

Date _____

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Directions: For questions 1 through 11, please circle the number that best describes how you did **overall** for the **past week**. If you don't normally do something that is asked, cross the question out.

	Always	Most	Occasionally	Never
Were you able to:				
1. Do shopping?	0	1	2	3
2. Do laundry with a washer and dryer?	0	1	2	3
3. Prepare meals?	0	1	2	3
4. Wash dishes/cooking utensils by hand?	0	1	2	3
5. Vacuum a rug?	0	1	2	3
6. Make beds?	0	1	2	3
7. Walk several blocks?	0	1	2	3
8. Visit friends or relatives?	0	1	2	3
9. Do yard work?	0	1	2	3
10. Drive a car?	0	1	2	3
11. Climb stairs?	0	1	2	3

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

0 1 2 3 4 5 6 7

13. How many days last week did you miss work, including housework, because of fibromyalgia?

0 1 2 3 4 5 6 7

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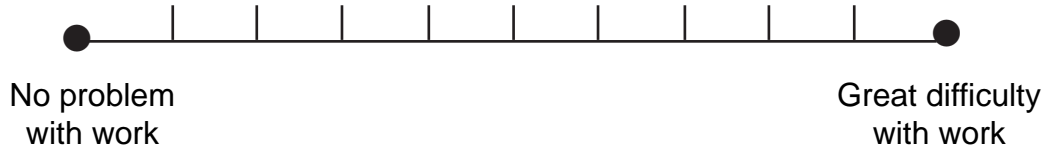
Name _____

Date _____

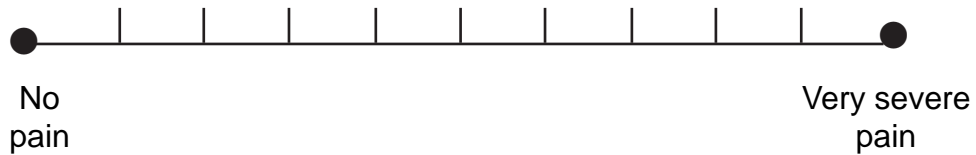
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Directions: For the remaining items, mark the point on the line that best indicates how you felt **overall** for the past week.

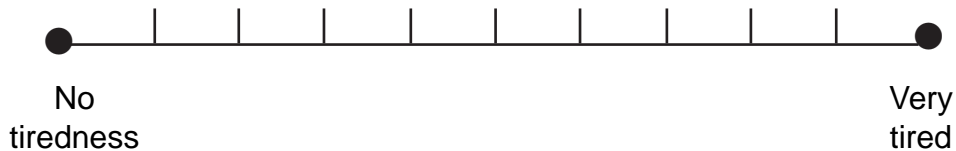
14. When you worked, how much did pain or other symptoms of your fibromyalgia interfere with your ability to do your work, including housework?



15. How bad has your pain been?



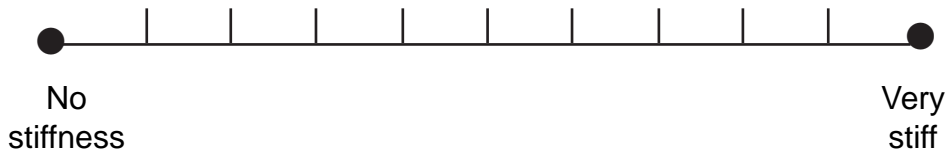
16. How tired have you been?



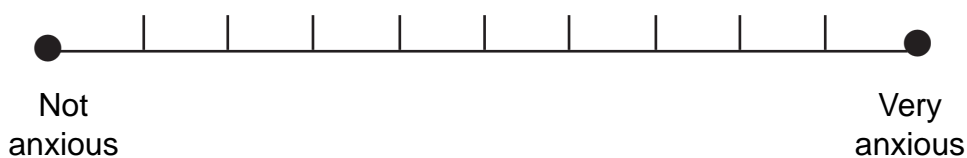
17. How have you felt when you get up in the morning?



18. How bad has your stiffness been?



19. How nervous or anxious have you felt?



20. How depressed or blue have you felt?

