Background Questionnaire

*Answer the following questions to the best of your ability. If there is any information you are unsure of or do not wish to disclose, please put an N/A.*

What is your current age? \_\_\_\_\_\_\_\_\_\_

What is your gender? \_\_\_\_\_\_\_\_\_\_

How long have you been medically diagnosed with Fibromyalgia? (Approximate years/months) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How long have you had the symptoms of Fibromyalgia? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What is your *current* marital status? (Please check one of the following)

Prefer not to answer \_\_\_\_\_

Single \_\_\_\_\_

Married \_\_\_\_\_

Divorced \_\_\_\_\_

Widowed \_\_\_\_\_

In a non-marital relationship \_\_\_\_\_

Do you have any children? \_\_\_\_\_ (Yes/No)

Prefer not to answer \_\_\_\_\_

If yes, how many? \_\_\_\_\_

What are their ages? \_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_

What is your *current* job status?

Prefer not to answer \_\_\_\_\_

Part time \_\_\_\_\_

Full time \_\_\_\_\_

Work from home \_\_\_\_\_

Average hours per week \_\_\_\_\_

Retired \_\_\_\_\_

**Fibromyalgia Impact Questionnaire**

**R. Bennett**

**Directions:** For questions 1 through 3, 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.

**Question 1.**

**Were you able to: Always Most Occasionally Never**

1. Do Shopping 0 1 2 3
2. Do laundry with 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

**Question 2**. Of the 7 days in the past week, how many days did you feel good?

0 1 2 3 4 5 6 7

**Question 3.** How many days last week did you miss work, including housework, because of fibromyalgia?

0 1 2 3 4 5 6 7

**Directions:** For the remaining items, indicate on a scale of 1 to 10 how you feel today.

**Question 4.** Indicate how bad your pain is, 1 being no pain and 10 being very severe pain

1 2 3 4 5 6 7 8 9 10

**Question 5.** Indicate how tired you feel, 1 being no tiredness and 10 being very tired

1 2 3 4 5 6 7 8 9 10

**Question 6.** Indicate how you felt when you woke up this morning, 1 being awoke well rested and 10 being awoke very tired

1 2 3 4 5 6 7 8 9 10

**Question 7.** Indicate how bad your stiffness is, 1 being no stiffness and 10 being very stiff

1 2 3 4 5 6 7 8 9 10

**Question 8.** Indicate how nervous/anxious you feel, 1 being not anxious and 10 being very anxious

1 2 3 4 5 6 7 8 9 10

**Question 9.** Indicate how depressed you feel, 1 being not depressed and 10 being very depressed

1 2 3 4 5 6 7 8 9 10

DAY 1

*Do not open until above date. It is imperative you follow these directions in order to attain the most accurate results for this study.*

Read the following paragraph and answer the scale to the best of your ability.

*I realized life as I once knew it before Fibromyalgia was over – but a new one is beginning. There are many ways I can mold that life to be just as good as or even better than what I had. I always consider this thought: It is not enough to find enlightenment. When you find it, you must use it. This works for meditation. It works for life.*

Please check the boxes of emotions that you feel most strongly as a result from reading the above paragraph:

Upset \_\_\_\_\_

Guilt \_\_\_\_\_

Empathy \_\_\_\_\_

Angry \_\_\_\_\_

Fear \_\_\_\_\_

Inspired \_\_\_\_\_

Enthusiastic \_\_\_\_\_

Proud \_\_\_\_\_

Determined \_\_\_\_\_

Upset \_\_\_\_\_

Other \_\_\_\_\_

If you selected other, please list the emotions you feel:

\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_

STOP

Do not fill out anymore today. Wait until tomorrow before continuing.

DAY 2

*Do not open until above date. It is imperative you follow these directions in order to attain the most accurate results for this study.*

Read the following paragraph and answer the scale to the best of your ability.

*One of the things I did when I found out that the vice-president of the United States had and e-mail address was to write to him, explaining a little about fibromyalgia and myofascial pain syndrome. I have also written the doctors in control of research monies at the National Institutes of Health. I really feel that we could save millions of taxpayer dollars by educating doctors – and the public – on these two conditions. It’s a great project.*

Please check the boxes of emotions that you feel most strongly as a result from reading the above paragraph:

Upset \_\_\_\_\_

Guilt \_\_\_\_\_

Empathy \_\_\_\_\_

Angry \_\_\_\_\_

Fear \_\_\_\_\_

Inspired \_\_\_\_\_

Enthusiastic \_\_\_\_\_

Proud \_\_\_\_\_

Determined \_\_\_\_\_

Upset \_\_\_\_\_

Other \_\_\_\_\_

If you selected other, please list the emotions you feel:

\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_

Do not fill out anymore today. Wait until tomorrow before continuing.

STOP

DAY 3

*Do not open until above date. It is imperative you follow these directions in order to attain the most accurate results for this study.*

Read the following paragraph and answer the scale to the best of your ability.

*To help me deal with the reality that I have Fibromyalgia, I would read this to myself every morning and night:*

*The night is long, it is not endless – there will be a dawn.*

*The pain is now, but not forever – there will be a healing.*

*The path is hard, yet there is hope – you do not walk alone.*

Please check the boxes of emotions that you feel most strongly as a result from reading the above paragraph:

Upset \_\_\_\_\_

Guilt \_\_\_\_\_

Empathy \_\_\_\_\_

Angry \_\_\_\_\_

Fear \_\_\_\_\_

Inspired \_\_\_\_\_

Enthusiastic \_\_\_\_\_

Proud \_\_\_\_\_

Determined \_\_\_\_\_

Upset \_\_\_\_\_

Other \_\_\_\_\_

If you selected other, please list the emotions you feel:

\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_

Do not fill out anymore today. Wait until tomorrow before continuing.

STOP

DAY 4

*Do not open until above date. It is imperative you follow these directions in order to attain the most accurate results for this study.*

Read the following paragraph and answer the scale to the best of your ability.

*When I was diagnosed with Fibromyalgia I was worried how my friends and family would react. However, they were so supportive. My children started to help out around the house more including cleaning and cooking. My spouse would stay up with me at night and hold me when I was in too much pain to sleep. My co-workers were willing to work extra shifts so I could take the day off if I was having a high pain day. I feel so loved by everyone around me.*

Please check the boxes of emotions that you feel most strongly as a result from reading the above paragraph:

Upset \_\_\_\_\_

Guilt \_\_\_\_\_

Empathy \_\_\_\_\_

Angry \_\_\_\_\_

Fear \_\_\_\_\_

Inspired \_\_\_\_\_

Enthusiastic \_\_\_\_\_

Proud \_\_\_\_\_

Determined \_\_\_\_\_

Upset \_\_\_\_\_

Other \_\_\_\_\_

If you selected other, please list the emotions you feel:

\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_

Do not fill out anymore today. Wait until tomorrow before continuing.

STOP

DAY 5

*Do not open until above date. It is imperative you follow these directions in order to attain the most accurate results for this study.*

Read the following paragraph and answer the scale to the best of your ability.

*I was never a person to sit down and take defeat. So, when the doctor diagnosed me with Fibromyalgia, I started doing research. I discovered many people suffer from this disease and suffer alone. I decided to start a Fibromyalgia Support Group in my area. It has helped so many people to be able to share their feelings and sufferings with each other. Some members have even felt healed as a result of the support group.*

Please check the boxes of emotions that you feel most strongly as a result from reading the above paragraph:

Upset \_\_\_\_\_

Guilt \_\_\_\_\_

Empathy \_\_\_\_\_

Angry \_\_\_\_\_

Fear \_\_\_\_\_

Inspired \_\_\_\_\_

Enthusiastic \_\_\_\_\_

Proud \_\_\_\_\_

Determined \_\_\_\_\_

Upset \_\_\_\_\_

Other \_\_\_\_\_

If you selected other, please list the emotions you feel:

\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_

STOP

Do not fill out anymore today. Wait until tomorrow before continuing.

DAY 6

*Do not open until above date. It is imperative you follow these directions in order to attain the most accurate results for this study.*

**Fibromyalgia Impact Questionnaire**

**R. Bennett**

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**Question 1.**

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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

**Question 2**. Of the 7 days in the past week, how many days did you feel good?

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**Question 8.** Indicate how nervous/anxious you feel, 1 being not anxious and 10 being very anxious

1 2 3 4 5 6 7 8 9 10

**Question 9.** Indicate how depressed you feel, 1 being not depressed and 10 being very depressed

1 2 3 4 5 6 7 8 9 10

Thank you very much for taking the time to fill out this information. I understand circumstances of life can get in the way and really appreciate you being able to take time out of your day to participate in this study. If you have any questions I have provided my email below. When the research study is complete I can send you a copy of the debriefing. If you wish to receive one, please let me know by email and I will send it to you once it is available.

-Megan Little

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