

## My Situation

**My Rating:** \_\_\_\_\_

## **Problems Created by CFS/FM**

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## **Strategies (What Helps Me Cope)**

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## **My Life Circumstances**

## Family situation

Marital status \_\_\_\_\_

Age \_\_\_\_\_

## Financial stress (1-10)

Responsibilities (People dependent on me: children, parents, spouse, etc.)

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Sources of Support (Family, friends, religious group, other)

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