

FIBROMYALGIA QUESTIONNAIRE

To: _____

(Name of Patient)
(Social Security Number)
(Date of Birth)

1. Please answer the following questions concerning your patient's impairments.

- a. Date of first treatment: _____
- b. Date of most recent exam: _____
- c. Frequency of treatment: _____

2. Prognosis:

3. Identify the positive clinical findings and diagnostic test results that demonstrate and/or support your diagnosis and indicate location where applicable.

4. Is your patient a malingerer?

_____Yes _____No

5. Does your patient have a history of widespread pain¹ that has lasted for at least three months?

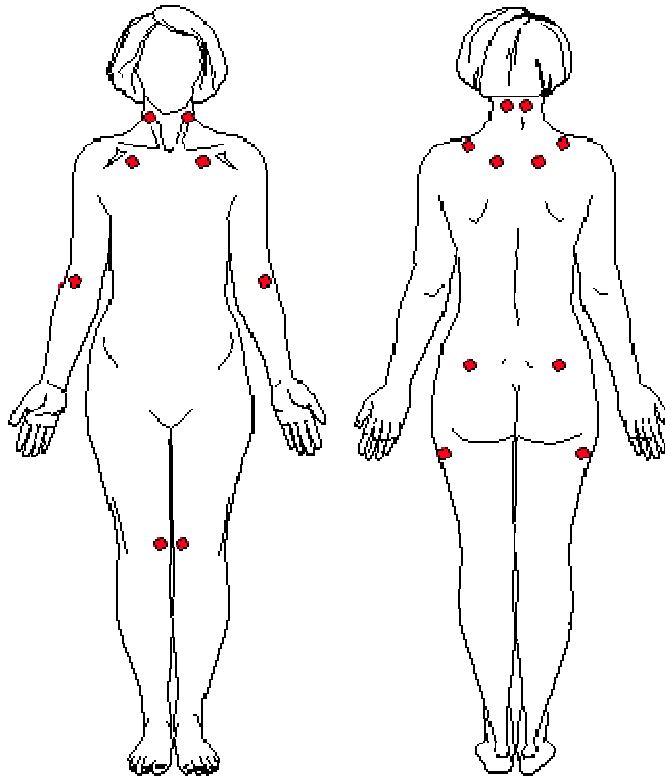
_____Yes _____No

6. According to the American College of Rheumatology criteria for the classification of fibromyalgia, my patient has _____ of 18 tender points.

Please indicate with an X the specific tender points on the below diagram:

¹ Pain is considered widespread when all of the following are present:

- Pain is present in both sides of the body.
- Pain above and below the waist In addition, axial skeletal pain (cervical spine, anterior chest, thoracic spine or low back pain) must be present. Low back pain is considered lower segment pain.



7. Which of the following fibromyalgia associated symptoms are present?

- | | | |
|--|---|--------------------------------------|
| <input type="checkbox"/> Joint pain | <input type="checkbox"/> Depression | <input type="checkbox"/> Muscle pain |
| <input type="checkbox"/> Anxiety | <input type="checkbox"/> Sleep disturbance | <input type="checkbox"/> Fatigue |
| <input type="checkbox"/> Impaired concentration | <input type="checkbox"/> Irritable Bowel Syndrome | <input type="checkbox"/> Headaches |
| <input type="checkbox"/> Other (Please describe) _____ | | |

8. As a result of your patient's impairments, estimate your patient's residual functional capacity if your patient were placed in a normal **COMPETITIVE, FIVE DAY A WEEK WORK ENVIRONMENT ON A SUSTAINED BASIS.**

In an eight-hour day, my patient can only (circle full capacity for each activity)

Sit	0-1	2	3	4	5	6	7	8	(Hours)
Stand/Walk	0-1	2	3	4	5	6	7	8	(Hours)

9. My patient can:

Lift/Carry	Never	Occasionally	Frequently
0-5 lbs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5-10 lbs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10-20 lbs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20-50 lbs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Over 50 lbs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

10. **GRASPING/TURNING OBJECTS:**

Right: _____ Never _____ Occasionally² _____ Frequently³
Left: _____ Never _____ Occasionally _____ Frequently

11. **HANDLING/FINGERING:**

Right: _____ Never _____ Occasionally _____ Frequently
Left: _____ Never _____ Occasionally _____ Frequently

12. **REACHING:**

Right: _____ Never _____ Occasionally _____ Frequently
Left: _____ Never _____ Occasionally _____ Frequently

13. Does the patient require an assistive device for standing or walking? _____ Yes _____ No
If yes: _____ Cane _____ Walker _____ Other

14. How often is your patient's experience of pain, fatigue or other symptoms severe enough to interfere with attention and concentration?

Never Seldom Periodically Frequently Constantly

15. Describe the nature, frequency and severity of the patient's pain:

² 1%-33% of an eight hour working day.

³ 34%-66% of an eight hour working day.

16. Identify factors that precipitate pain:

- Changing weather Fatigue Movement/Overuse Cold
- Stress Hormonal Changes Static Position

17. Are your patient's impairments ongoing, creating an expectation on your part that they will last at least twelve months? Yes No

18. To what degree can your patient tolerate work stress?

- Incapable of even "low stress"
- Capable of low stress
- Capable of moderate stress
- Capable of high stress

19. Will your patient sometimes need to take unscheduled breaks to rest at unpredictable intervals during an 8-hour day? Yes No

If yes: How often do you think this will happen? _____

20. How long (on average) will your patient have to rest before returning to work? _____

21. Please estimate, on average, how often your patient is likely to be absent from work as a result of the impairments or treatment:

- More than three times a month
- About once a month
- About two to three times a month
- Less than once a month

22. Are there any other limitations that would affect your patient's ability to work at a regular job on a sustained basis (please check all that are applicable)?

- psychological limitations avoid noise avoid fumes
- avoid gases limited vision avoid temperature extremes
- avoid humidity avoid heights avoid dust
- no pulling no pushing no kneeling
- no bending no stooping

23. In your best medical opinion, what is the earliest date the description of symptoms and limitations in this questionnaire applies?

24. Is drug or alcohol use a material factor in your patient's disability? _____

Signature

Date

Specialty

Print/Type Name

Address

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