

# FIBROMYALGIA QUESTIONNAIRE

Name \_\_\_\_\_ Sex M F Date of Birth \_\_\_\_\_

Height \_\_\_\_\_ Weight \_\_\_\_\_ Smoker? Y N State \_\_\_\_\_

Coverage Desired? \_\_\_\_\_ Amount \_\_\_\_\_ Plan Desired? \_\_\_\_\_

Have you ever been Rated or Declined for insurance? If YES

Complete details please

When were you first told that you Fibromyalgia? \_\_\_\_\_

**Clinically diagnosed conditions (check all that apply):**

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Chronic Fatigue Syndrome     | <input type="checkbox"/> Lupus Erythmatoses         | <input type="checkbox"/> Hypothyroidism     |
| <input type="checkbox"/> Fibromyalgia                 | <input type="checkbox"/> Multiple Sclerosis         | <input type="checkbox"/> Clinical Obesity   |
| <input type="checkbox"/> Gulf War Syndrome            | <input type="checkbox"/> Allergies (food)           | <input type="checkbox"/> Diabetes           |
| <input type="checkbox"/> Chronic Epstein-Barr         | <input type="checkbox"/> Allergies (other)          | <input type="checkbox"/> Heart Disease      |
| <input type="checkbox"/> Rheumatoid arthritis         | <input type="checkbox"/> Adrenal insufficiency      | <input type="checkbox"/> Liver disease      |
| <input type="checkbox"/> Migraine                     | <input type="checkbox"/> Polyps (nasal, intestinal) | <input type="checkbox"/> Cancer             |
| <input type="checkbox"/> Macular degeneration         | <input type="checkbox"/> Ulcer                      | <input type="checkbox"/> Osteoporosis       |
| <input type="checkbox"/> Irritable bowel syndrome     | <input type="checkbox"/> Thromboses                 | <input type="checkbox"/> Low blood pressure |
| <input type="checkbox"/> Hypertension                 | <input type="checkbox"/> Orthostatic hypotension    | <input type="checkbox"/> Osteoarthritis     |
| <input type="checkbox"/> Adhesive capsulitis          | <input type="checkbox"/> Contact dermatitis         | <input type="checkbox"/> Tendonitis         |
| <input type="checkbox"/> Hemorrhoids or anal fissures | <input type="checkbox"/> Intestinal Parasites       | <input type="checkbox"/> Lymphadenitis      |

**Symptom frequency (indicate how often you experience each symptom)**

Symptom	Never	Rarely	Sometimes	Often	Always
Sensitivity to bright lights	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Shortness of breath	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Burning on urination	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Loss of appetite	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Skin rashes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Fatigue	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Abdominal pain	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Restless legs (itchy, twitchy legs especially when at rest)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Sensation of fever	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Flushing or "hot flashes"	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Tremulousness	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Headaches	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>Symptom</b>	<b>Never</b>	<b>Rarely</b>	<b>Sometimes</b>	<b>Often</b>	<b>Always</b>
Disturbed balance	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sore tongue	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Lymph node pain	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Popping or fullness in ears	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Nasal congestion or discharge	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Joint swelling	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Alcohol intolerance	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Infections	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Dry or scratchy eyes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Palpitations	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Frequent urination	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Craving for carbohydrate foods (starchy vegetables, bread)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Blurring of vision	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Shortness of breath in response to exertion	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Loss of urine when coughing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Muscle pain	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Breast tenderness	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Profuse sweating	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ringing in ears	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Difficulty remembering things	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Excessive sleepiness	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Dizziness	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Double vision	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Panic attacks	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Chest pain	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Excessive or abnormal thirst	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Hives	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
General malaise	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Non-restorative sleep	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Itching or burning rectum	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Bad breath (halitosis)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Muscle knots or spasms	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>Symptom</b>	<b>Never</b>	<b>Rarely</b>	<b>Sometimes</b>	<b>Often</b>	<b>Always</b>
Chills	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Lightheadedness	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Numbness or tingling in the extremities	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Seizures	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Feelings of hopelessness	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Hoarse voice	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Joint pain	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Persistent cough	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Wheezing or tightness in chest	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sore throat (with or without a cold)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Restlessness or excitability	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Boils or similar skin eruptions	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Loss of coordination	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Mild fever	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Intolerance of cold	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Night sweats	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Backache	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Muscle twitching	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Heartburn or acid reflux	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Abdominal bloating or gas	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Difficulty falling asleep	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Difficulty staying asleep	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Lack of energy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Craving for sweets	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Eye pain	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Constipation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Diarrhea	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Nausea	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Muscle weakness	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Clumsiness	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Fainting spells	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Word-finding difficulty	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Allergies	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Difficulty holding urine	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>Symptom</b>	<b>Never</b>	<b>Rarely</b>	<b>Sometimes</b>	<b>Often</b>	<b>Always</b>
Red, swollen or itchy eyes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Nightmares	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Adverse response to exercise	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Craving for fatty foods	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Muscle aches	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Difficulty swallowing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Fugue states or periods of amnesia	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Crusts or fissures on earlobes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Intolerance of caffeine	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Episodic paralysis of limb(s)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Very dark yellow urine	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Intolerance of tobacco smoke	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Intolerance of aspirin or other salicyclates	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Difficulty recovering from colds and other minor infections	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Crusts or fissures at corners of mouth	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Hand tremors	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Getting lightheaded upon standing (orthostatic hypotension)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Episodes of high fever	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Transient blindness (one eye or both)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Craving for salty foods	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Coughing up blood	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Indigestion	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**Select the best response to each of the following health-related statements**

I find it hard to lose weight, even on a strict diet.

yes  in-between  no

My eyebrows are:

thin or absent  normal  heavy or bushy

I am prone to pimples.

yes  in-between  no

My fingernails are brittle.

true  uncertain  false

I sleep more in the:  
I am prone to painful muscle knots.  
I feel cold, even when others are warm.  
I have:  
My face is:  
I tend to sweat more than most people.  
I have developed an abnormal gait.  
I suffer from postnasal drip.  
My skin tends to flake when scratched.  
I react badly to: many chemicals  
I have been described as looking pale.  
I have little or no enthusiasm for life.  
My sores:  
My hair is dry and brittle.  
I tend to put more weight on my:  
I am more tired:  
I have had a milky discharge from my breast.  
My fingertips often seem swollen.  
My body temperature tends to be:  
I have cracked skin on my elbows.  
My hair is thinning or falling out.  
I feel better in the:  
I am unable to work full-time.  
I feel strong and energetic.  
My skin is better described as:  
I experience swelling in my hands and feet.  
I feel blue much of the time.  
I am more prone to weight gain in the:  
I have difficulty concentrating.  
I tend to bruise easily.  
My nails are soft and tear off easily.  
My hair tends to be:  
My speech tends to be:  
I am frequently irritable.  
My legs ache.  
I experience flushing in my face and cheeks.  
I experience "pins and needles" sensations,  
especially upon awakening.  
I have aches and pains that get worse when it rains  
I react adversely to wheat and wheat products.

- winter  uncertain  summer
- yes  a little  no
- yes  sometimes  no
- many skin tags  a few skin tags  no skin tags
- very puffy  somewhat puffy  not at all puffy
- true  uncertain  false
- true  uncertain  false
- often  sometimes  hardly ever
- yes  in-between  no
- a few chemicals  hardly any chemical
- often  occasionally  hardly ever
- true  in-between  false
- heal normally  heal slowly  do not heal
- yes  in-between  no
- stomach  in-between  hips and buttocks
- when I wake up  uncertain  later in the day
- more than once  at least once  never
- true  uncertain  false
- low  normal  high
- true  uncertain  false
- rapidly  slowly  not at all
- winter  uncertain  summer
- true  uncertain  false
- often  sometimes  hardly ever
- oily  uncertain  dry
- frequently  occasionally  hardly ever
- true  in-between  false
- summer  uncertain  winter
- often  sometimes  hardly ever
- true  uncertain  false
- true  uncertain  false
- very oily  somewhat oily  not at all oily
- fast  in-between  slow
- true  uncertain  false
- often  sometimes  hardly ever
- often  sometimes  hardly ever
- yes  sometimes  no
- yes  uncertain  no
- yes  possibly  no

My breasts are:  larger than average for my sex  in-between  about average for my sex  
 I react adversely to milk and cheese.  yes  uncertain  no  
 In my eyes, I have:  many floaters  a few floaters  no floaters  
 I am prone to athlete's foot.  true  uncertain  false  
 I have experienced a loss of sex drive.  true  uncertain  false

**Items for women only:**

I experience strong monthly mood swings.  yes  in-between  no  
 My periods are:  regular  in-between  irregular  
 I get vaginal yeast infections.  often  sometimes  hardly ever  
 I suffer from menstrual cramping.  a lot  a little  not at all  
 My periods are usually:  very light  normal  excessively heavy  
 I experience severe pre-menstrual syndrome.  yes  in-between  no  
 Sexual intercourse causes pain.  often  sometimes  hardly ever  
 I experience vaginal burning or itching.  often  sometimes  hardly ever  
 I have problems with vaginal dryness.  true  in-between  false  
 Health problems (e.g., muscle knots, severe fatigue) more often occur:  
 pre-menstrually  post-menstrually  at other times  
 During my monthly cycle, my weight can fluctuate up to:  
 2 pounds  4 or 5 pounds  7 or more pounds

**Items for men only:**

I have difficulty maintaining an erection.  yes  sometimes  no  
 My testicles become sore and painful.  often  occasionally  never  
 I suffer from premature ejaculation.  often  sometimes  hardly ever

**Broker Submitting Questionnaire:** \_\_\_\_\_

**Address** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **FAX:** \_\_\_\_\_ **E-mail:** \_\_\_\_\_

**Please send completed form: Victorson Associates, Inc. PO Box 863 Smithtown, NY 11787**  
**You may Fax to: (631) 265-7054 or E-mail to: vainc@victorson.com**