

Back In Action Chiropractic

20416 Bowfonds St, Ashburn, VA 20147

Office: 703-858-3575

Fax: 703-858-3876

Cell: 703-673-6333

<http://www.back-n-action.com/>

Fibromyalgia/Chronic Fatigue Syndrome Questionnaire

NAME _____

Please tick on the check boxes on the following that applies to you.

Predisposing Factors

1. I have had one or more stressful events that have affected my health
2. I have continuous stressors that affect my health
3. I have developed FM/CFS following an accident or injury
4. I have developed FM/CFS following a stressful event
5. I push myself to exhaustion
6. I have little time or energy to care for myself (eat regularly, rest, etc.)
7. I have a very stressful job
8. I do not enjoy my line of work
9. I have little or no control over the stress in my life
10. I currently have relationship or family difficulties
11. My state of ill-health is a major stress factor
12. I do not have a good support system of friends and family
13. I have a history of physical, emotional, or sexual abuse
14. I do not sleep well
15. I have or have had an eating disorder
16. I eat mostly a processed food/fast food diet
17. I do not exercise regularly

Contributing Factors

1. Antacid use – How long? _____
2. I take or have taken Prilosec, Prevacid, Nexium, or another acid-stopping medication – How long? _____
3. Multiple rounds of antibiotic use? Please explain: _____
4. Long-term steroid use? Please explain: _____
5. I drink more than two glasses of an alcoholic beverage per day _____
6. Irritable bowel syndrome
7. Gall bladder removed – When? _____
8. Chron's disease
9. Allergies – To what?
10. Parasites
11. Candida
12. Low blood pressure
13. Skin condition – Please explain:
14. I tend to be anemic
15. I have been diagnosed with a sleep disorder
Please explain:
16. I take or have taken oral contraceptives
What, when, and for how long?
17. I am menopausal or premenopausal
18. I take or have taken conventional HRT
What, when, and for how long?

Back In Action Chiropractic

20416 Bowfonds St, Ashburn, VA 20147

Office: 703-858-3575

Fax: 703-858-3876

Cell: 703-673-6333

<http://www.back-n-action.com/>

Hysterectomy – Ovaries removed? _____

How long have you felt like this? I have not felt well since _____ (date)

What happened at that time? (Describe any event, situation, etc.)

Signs and Symptoms Questions

Rate the following on a scale of 0 to 5, with 0 being “not present” and 5 being “severe.”

1. Fatigue
2. Need to rest a lot more than I used to
3. Difficulty getting to sleep
4. Difficulty staying asleep
5. Non-restful sleep
6. Slow starter
7. Less productive with work
8. Get sleepy during the day
9. Less energy for or interest in things I enjoy
10. Poor stamina
11. Trouble focusing on work or projects
12. Little or no energy for exercising
13. No energy left over for anything that I don't have to do
14. Difficulty handling pressure or stress
15. Do not feel well
16. Muscle pains/aches – Where?
17. Muscle spasms – Where?
18. Joint pains – Where?
19. Numbness or tingling – Where?
20. Burning pains – Where?
21. Other pains – where?
22. Stiffness
23. Poor muscle tone or strength
24. Feel weak
25. Flu-like feelings
26. Exercise intolerance (excessive pain after exercise)
27. Prolonged fatigue after exertion
28. Increased pain sensitivity
29. Increased sensitivity to noise, light, and/or touch
30. I have trouble slowing down or relaxing
31. Headaches or migraines
32. Neck or shoulder tension
33. Cold hands or feet
34. Tend to be cold all over
35. Indigestion
36. Bloating
37. Belching
38. Gas
39. Nausea

Column 1 total

Back In Action Chiropractic

20416 Bowfonds St, Ashburn, VA 20147

Office: 703-858-3575

Fax: 703-858-3876

Cell: 703-673-6333

<http://www.back-n-action.com/>

40. Acid reflux
41. Loss of taste for meat
42. Burning when stomach is empty
43. Gall bladder problems / Gall bladder has been removed
44. Diarrhea
45. Constipation
46. Swollen lymph glands
47. Sore throat
48. Chronic sinus congestion
49. Chronic or recurring infections
50. Skin rashes
51. Itching skin
52. Dry eyes, nose, and/or mouth
53. Vision changes, becoming blurred or weaker
54. Difficulty concentrating
55. Poor memory
56. Brain fog
57. Confusion
58. Anxiety
59. I feel constantly stressed
60. Become agitated or irritated or lose patience more easily than I used to
61. I am more moody than I used to be
62. Panic attacks
63. Low mood
64. Depression
65. Low self-esteem
66. Feelings of worthlessness
67. Feelings of despair
68. Loss of interest in daily activities
69. Loss of or less enjoyment in living
70. Withdrawn from social activities
71. Low self-confidence
72. I have trouble making decisions
73. Hypoglycemia (low blood sugar)
74. Sweet, chocolate, or carbohydrate craving
75. Salt craving
76. Alcohol craving
77. Shakiness relieved by eating

Column 2 total

Back In Action Chiropractic

20416 Bowfonds St, Ashburn, VA 20147

Office: 703-858-3575

Fax: 703-858-3876

Cell: 703-673-6333

<http://www.back-n-action.com/>

78. Get shaky, irritable, or headache if a meal is skipped
79. Tired after meals
80. I eat a low fat diet
81. I restrict my salt intake
82. I eat a lot of dairy
83. I eat a lot of sugar
84. I drink a lot of sodas
85. Dizziness
86. Light-headed upon arising
87. Brown spots appearing on skin
88. Unexplained fears or worries
89. Excessive fears or worries
90. Snoring
91. Restless legs
92. Arms and/or legs jerk when in bed
93. Grind teeth at night
94. Urinary frequency
95. Night-time urinary frequency
96. Urinary tract infection

Column 3 total

97. Vaginal dryness, irritation, or infections
98. Hot flashes
99. Night sweats
100. PMS
101. Infertility
102. Heavy bleeding, clotting, or cramping with periods
103. Irregular periods
104. Decreased libido
105. Erectile dysfunction
106. Weight gain, especially around the middle
107. Unexplained weight loss
108. Bruise easily
109. Heavy/aching legs
110. Edema (water retention)
111. Become short of breath easily
112. Chest pain
113. Palpitations
114. Most people don't understand my condition
115. Little or no support from friends or family

Column 4 total

Back In Action Chiropractic

20416 Bowfonds St, Ashburn, VA 20147

Office: 703-858-3575

Fax: 703-858-3876

Cell: 703-673-6333

<http://www.back-n-action.com/>

Total from Column 1:

Total from Column 2:

Total from Column 3:

Total from Column 4:

Grand Total:

100-200: Moderate or early stage FM/CFS

201-325: Severe FM/CFS

326-580: Extreme FM/CFS

History

List any conditions that you have been diagnosed with, with dates where possible.

List any medications that you are taking.

List any nutritional supplements and/or herbs that you are taking.

Describe anything else you feel is contributing to your condition, or add any other relevant comments.