



Fibromyalgia

Box

Patient self-rating scales for tracking fibromyalgia symptoms

This is a quick and easy form for you to prepare before your next visit. This information will provide an accurate and organized account of your symptoms and will save time and ensure good communication with your doctor.

Name _____

Date _____

1. Current medications (name, amount, how often taken)

2. Problems with current medications (side effects, discontinuation, changes in amounts or when taken)

3. Current supplements/herbs (name, amount, how often taken, effectiveness)

4. Exercise

Yes

No

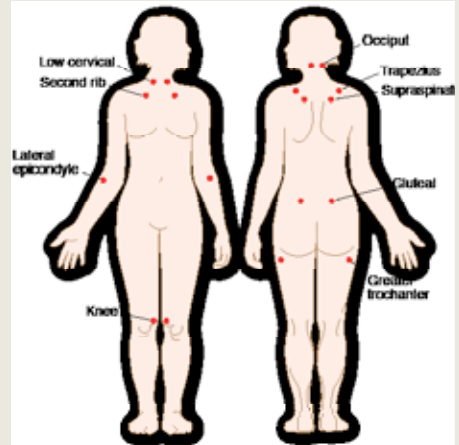
Frequency

5. On a 1-to-10 scale, with 0 being no problem and 10 being unbearable, rate the following:

Pain (today) _____

Pain (average in past week) _____

Pain location (put an X on the problematic areas)



6. Using the scale above, rate the following:

Sleep _____

Concentration/memory _____

Fatigue _____

Mood _____

Questions/concerns (limit number to 3)

1. _____

2. _____

3. _____