

FIBROMYALGIA IMPACT QUESTIONNAIRE (FIQ)

The Fibromyalgia Impact Questionnaire (FIQ) is an instrument designed to quantitate the overall impact of fibromyalgia over many dimensions (e.g. function, pain level, fatigue, sleep disturbance, psychological distress etc.). It is scored from 0 to 100 with the latter number being the worst case. The average score for patients seen in tertiary care settings is about 50. The FIQ is widely used to assess change in fibromyalgia status and has been translated into 12 languages.

The FIQ is free. You may use the FIQ without asking permission, but it is expected that you will reference it in any publication.

The reference is: *Burckhardt, C.S., Clark, S.R., Bennett, R.M.: The fibromyalgia impact questionnaire (FIQ): development and validation. J Rheumatol. 18:728-733, 1991.*

We provide the FIQ and its Scoring in PDF format in the following 2 files:

[Fibromyalgia Impact Questionnaire \(FIQ\)](#)

[Scoring for FIQ – Link to the pdf](#)

A list of FIQ references (in HTML format) can be found at [References](#)

Fibromyalgia Impact Questionnaire (FIQ): Description and Scoring

The FIQ is an assessment and evaluation instrument developed to measure fibromyalgia (FM) patient status, progress and outcomes. It has been designed to measure the components of health status that are believed to be most affected by FM.

Content

The FIQ is composed of 10 items. The first item contains 11 questions related to physical functioning – each question is rated on a 4 point Likert type scale. Items 2 and 3 ask the patient to mark the number of days they felt well and the number of days they were unable to work (including housework) because of fibromyalgia symptoms. Items 4 through 10 are horizontal linear scales marked in 10 increments on which the patient rates work difficulty, pain, fatigue, morning tiredness, stiffness, anxiety and depression.

Administration

The FIQ is a self administered instrument that takes approximately 5 minutes to complete. The directions are simple and the scoring is self-explanatory.

Scoring

The FIQ is scored in such a way that a higher score indicates a greater impact of the syndrome on the person. Each of the 10 items has a maximum possible score of 10. Thus the maximum possible score is 100. The average FM patient scores about 50, severely afflicted patients are usually 70 plus. The questionnaire is scored in the following manner:

1. The first item consists of 11 questions that make up a physical functioning scale. The 11 questions are scored and summed to yield one physical impairment score. Each item is rated on a 4 point Likert type scale. Raw scores on each item can range from 0 (always) to 3 (never) - thus the highest total possible raw score is 33. Because some patients may not do some of the tasks listed, they are given the option of deleting items from scoring. In order to obtain a valid summed score for questions 1 through 11, the scores for the items that the patient has rated are summed and divided by the number of items rated (e.g. if the patient completed only 9 items at a score of 2 for each, the final score would be $9 \times 2 / 9 = 2$). An average raw score between 0 and 3 is obtained in this manner.
2. Item 2 is scored inversely - so that a higher number indicates impairment (i.e., 0=7, 1=6, 2=5, 3=4, 4=3, 5=2, 6=1 and 7=0, etc.). Raw scores can range from 0 to 7.
3. Item 3 is scored directly (i.e. 7=7 and 0=0). Raw scores can range from 0 to 7.
4. Items 4 through 10 are scored in 10 increments. Raw scores can range from 0 to 10. If the patient marks the space between two vertical lines on any item, that item is given a score that includes 0.5.
5. Once the initial scoring has been completed, the resulting scores are subjected to a normalization procedure so that all scores are expressed in similar units. The range of normalized scores is 0 to 10 with 0 indicating no impairment and 10 indicating maximum impairment.

Scale	Item #	Recode	Score Range	Normalization
Physical impairment	1	No	0-3	S X 3.33
Feel good	2	Yes	0-7	S X 1.43
Work missed	3	No	0-7	S X 1.43
Do work	4	No	0-10	None
Pain	5	No	0-10	None
Fatigue	6	No	0-10	None
Rested	7	No	0-10	None
Stiffness	8	No	0-10	None
Anxiety	9	No	0-10	None
Depression	10	No	0-10	None

In order to maintain a maximum possible score of 100 it is necessary to employ an “equalization calculation” if a patient does not answer all 10 items. If one or more items are missed, the final summative

score needs to be multiplied by 10/x. (e.g. if one question is missed multiply by 10/9 [i.e. 1.111], if 2 questions are missed multiply by 10/8 [i.e. 1.25 etc.])

Addendum

When the first version of the FIQ was developed, patients who were not working outside the home, were asked to skip the 2 questions regarding work. Therefore, a total score was made from the remaining 8 items. Since the revision of 1997 (unpublished), the work items have included housework so that all patients could potentially answer the work questions. Researchers over the years have used either 8 items or 10 items to form the total score. Users of the FIQ should indicate in their publications whether they used the 8-item method of deriving a total score or all 10 items. If they use the 8 item version they should multiply the total FIQ score by 10/8 (i.e. 1.25) so that results can be compared across studies.

Translations

The FIQ has been translated into at least 16 languages of which we are aware. These include: Swedish, Norwegian, Icelandic, Danish, Portuguese (Brazil, Portugal), Hebrew, Spanish (Spain, Mexico, Argentina, Cuba), German, Farsi, Arabic and French (France and Canada), Greek, Italian, Korean, Dutch and Turkish. Most of these translations have been validated.

FIQ Citation

Burckhardt, C.S., Clark, S.R., & Bennett, R.M. (1991). The Fibromyalgia Impact Questionnaire: Development and validation. Journal of Rheumatology, 18, 728-734