

APPENDIX A

PATIENT PROFILE

Please provide us with the following information about yourself:

1. What is your **age** at this time?
2. What is your sex (male or female)?
3. What is your racial background? (check one)
 - White
 - Black
 - Hispanic
 - Asian or Pacific Islander
 - American Indian or Alaskan Native
 - Other (specify):
4. What is your current marital status? (check one)
 - Married
 - Separated
 - Divorced
 - Widowed
 - Never married
5. What is the highest level of education you have received?
(check one)
 - Less than high school diploma
 - High school diploma or GED One
to four years of college
 - College graduate
 - Professional or graduate school
6. How long have you had fibromyalgia (months, years)?

7. Have you had sleep problems?
 - Yes No
- 7a. If yes, did **they predate your**
fibromyalgia pain?
 - Yes No
- 8.- Have you had problems with fatigue?
 - Yes No
- 8a. If yes, did they **predate** your
fibromyalgia pain?
 - Yes No

14. Check any other types of arthritis that you have. (Check all that apply)

___ Rheumatoid arthritis
__Rheumatoid

___ Systemic lupus erythematosus

_Scleroderma

Psoriatic Arthritis

Reiter's syndrome

+Gout

__Low back pain

Tendonitis/Bursitis

+Osteoporosis

,Other (please specify): _____

15. Is your health currently affected by any of the following medical problems?

YES

NO

High blood pressure

Heart disease

Mental illness

Diabetes

Cancer

Alcohol or drug abuse

Lung disease

Kidney disease

Liver disease

Ulcer or other stomach disease

Anemia or other blood **disease**

Depression

Anxiety

Other (please list): _____