PATIENT PROFILE

Please provide us with the following information about yourself: What is your **age** at this time? 1. 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): What is your current marital status? (check one) 4. 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 Νo 7a. If yes, did they predate your fibromyalgia pain? Yes Νo 8.- Have you had problems with fatigue? Yes Νo 8a. If yes, did they predate your fibromyalgia pain?

Yes No

9. Who diagnosed your fibromyalgia? (Check all that apply) Specify date of diagnosis (month & year)

```
Rheumatologist
Internist
_General practitioner/family doctor
_Psychiatrist
_Orthopedist
_Other (please specify):
```

10. Who follows your fibromyalgia? (Check all that apply)

Rheumatologist --Internist General practitioner/family doctor _Psychiatrist _Orthopedist Other (please specify):

11. Are you currently seeing a psychiatrist, psychologist or counselor for any related problems? Yes No

11a. If you answered yes to the **above** question, how often do you see this professional?

12. Please list your current medications.

Name of red	(5 mg, 10 mg, etc)	Frequency (1x/day, 2x/day,etc)

13. Please list any treatment or therapy (including any prior Feldenkrais experience) you have received,. other than medications, for your fibromyalgia. Please include dates.

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