



FIBROMYALGIA SYMPTOM EVALUATION FORM

Name of Participant: _____

The following symptoms of Fibromyalgia are listed as being typical. This information is being collected to determine the effectiveness of the product provided to you.

Please evaluate each symptom using the following scale:

0= Not at all 1= Just a little 2= Somewhat 3= Very much

Date							
Symptoms	Sun	Mon	Tue	Wed	Thu	Fri	Sat
Pain expressed in shoulders and / or buttocks							
Pain expressed in arms							
Pain expressed in upper back							
Pain expressed in chest area							
Unusual sensitivity to sensory stimuli (light, noise, heat / cold, touch, smell)							
Fatigue (waking in the morning feeling unrested)							
Inability to concentrate or decide							
Poor memory / forgetfulness							
Overwhelming feelings of sadness							
Feelings of anxiety							
Mood swings / irritability							
Use of pain killers							
Abdominal pain / diarrhea / irritable bowel syndrome							
Pain when urinating (irritable bladder)							
Other:							
Other:							
Dosage of E.M.Powerplus (# of capsules per day)							
Number of hours of sleep							
Drug name No. 1 and dosage:							
Drug name No. 2 and dosage:							
Drug name No. 3 and dosage:							

Comments:

***Please send completed forms to Truehope Nutritional Support Ltd.**

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