

# My Situation

My Rating: \_\_\_\_\_

My Medical Issues	Severity (1 – 10)	Severity (1 – 10)
CFS	_____	_____
Fibromyalgia	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

## Problems Created by CFS/FM

\_\_\_\_\_

\_\_\_\_\_

## Strategies (What Helps Me Cope)

\_\_\_\_\_

\_\_\_\_\_

## My Life Circumstances

Family situation

Marital status \_\_\_\_\_

Age \_\_\_\_\_

Financial stress (1-10) \_\_\_\_\_

Responsibilities (People dependent on me: children, parents, spouse, etc.)

\_\_\_\_\_

\_\_\_\_\_

Sources of Support (Family, friends, religious group, other)

\_\_\_\_\_

\_\_\_\_\_