Rheumatology

Last Name:			

Your physician would appreciate your assistance in completing the form below. This is a tool that allows your physician to obtain additional information regarding your overall health, pain and function. This helps use improve the quality of your care. You do not have to complete it if you do not want to.

1. please check the ONE best answer for your abilities at this time:								
OVER THE LAST WEEK, WERE YOU ABLE TO:	WITHOUT ANY DIFFICULTY	WITH SOME DIFFICULTY	WITH MUCH DIFFICULTY	UNABLE TO DO				
a. Dress yourself, including tying shoelaces and doing buttons?	0	1	2	3				
b. Get in and out of bed?	0	1	2	3				
c. Lift a full cup or glass to your mouth?	0	1	2	3				
d. Walk outdoors on flat ground?	0	1	2	3				
e. Wash and dry your entire body?	0	1	2	3				
f. Bend down to pick up clothing from the floor?	0	1	2	3				
g. Turn regular faucets on and off?	0	1	2	3				
h. Get in and out of a car, bus, train, or airplane?	0	1	2	3				
i. Walk two miles or three kilometers, if you wish?	0	1	2	3				
j. Participate in recreational activities and sports as you would like, if you wish?	0	1	2	3				

NO PA	NIV														PA	IN AS	BAD A	S IT C	COULE) BE
0 (0.5	1.0	1.5	2.0	2.5	3.0	3.5	4.0	4.5	5.0	5.5	6.0	6.5	7.0	7.5	8.0	8.5	9.0	9.5	10
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1. a-j Fl	N (0-10):
1=0.3	16=5.3
2=0.7	17=5.7
3=1.0	18=6.0
4=1.3	
5=1.7	20=6.7
	21=7.0
7=2.3	
	23=7.7
	24=8.0
	25=8.3
	26=8.7
	27=9.0
	28=9.3
	29=9.7
15=5.0	30=10