Rheum info

This questionnaire includes information not available from blood tests, X-rays, or any source other than you. Please try to answer each question, even if you do not think it is related to you at this time. There are no right or wrong answers. Please answer exactly as you think or feel. Thank-you.

**1. Please check (✓) the ONE best answer for your abilities at this time:**

| **AT THIS MOMENT, are 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 and pick up clothing from the floor? | ❑ (0) | ❑ (1) | ❑ (2) | ❑ (3) |
| g. Turn 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? | ❑ (0) | ❑ (1) | ❑ (2) | ❑ (3) |
| j. Participate in sports and games as you would like? | ❑ (0) | ❑ (1) | ❑ (2) | ❑ (3) |
| k. Get a good night's sleep? | ❑ (0) | ❑ (1.1) | ❑ (2.2) | ❑ (3.3) |
| l. Deal with feelings of anxiety or being nervous? | ❑ (0) | ❑ (1.1) | ❑ (2.2) | ❑ (3.3) |
| m. Deal with feelings of depression or feeling blue? | ❑ (0) | ❑ (1.1) | ❑ (2.2) | ❑ (3.3) |

**2. How much PAIN have you had because of your illness in the PAST WEEK? Place a mark on the line below to indicate how severe your pain has been:**

NO PAIN ❑ 0 ❑ 1 ❑ 2 ❑ 3 ❑ 4 ❑ 5 ❑ 6 ❑ 7 ❑ 8 ❑ 9 ❑ 10 PAIN AS BAD AS IT COULD BE

**3. When you get up in the morning do you feel stiff?** ❑ YES ❑ NO

If you answer NO please go to item number 4.
If you answer YES, please write the number of minutes:________, OR number of hours:_________ until you are as limber as you will be for the day?

**4. How much of a problem has UNUSUAL fatigue or tiredness been for you OVER THE PAST WEEK? Place a mark on the line below**

FATIGUE IS NO PROBLEM ❑ 0 ❑ 1 ❑ 2 ❑ 3 ❑ 4 ❑ 5 ❑ 6 ❑ 7 ❑ 8 ❑ 9 ❑ 10 FATIGUE IS A MAJOR PROBLEM

**5. How do you feel today compared to TWO WEEKS AGO? Please check only one:**

❑ MUCH BETTER(1) ❑ BETTER(2) ❑THE SAME(3) ❑WORSE(4) ❑MUCH WORSE(5)

**6. Considering all the ways in which illness and health conditions may affect you at this time, please make a mark on the line below to show how you are doing:**

VERY WELL ❑ 0 ❑ 1 ❑ 2 ❑ 3 ❑ 4 ❑ 5 ❑ 6 ❑ 7 ❑ 8 ❑ 9 ❑ 10 VERY POORLY

***For office use only***

FN ❑

| | |
|---|---|
| 1=0.33 | 16=5.33 |
| 2=0.67 | 17=5.67 |
| 3=1.00 | 18=6.00 |
| 4=1.33 | 19=6.33 |
| 5=1.67 | 20=6.67 |
| 6=2.00 | 21=7.00 |
| 7=2.33 | 22=7.33 |
| 8=2.67 | 23=7.67 |
| 9=3.00 | 24=8.00 |
| 10=3.33 | 25=8.33 |
| 11=3.67 | 28=8.67 |
| 12=4.00 | 27=9.00 |
| 13=4.33 | 28 = 9.33 |
| 14=4.67 | 29=9.67 |
| 15=5.00 | 30=10.0 |

PS ❑

PN ❑

AM ❑

FT ❑

CH ❑

GL ❑