Amarillo Medical SPECIALISTS

AMERICAN COLLEGE OF RHEUMATOLOGY
EDUCATION • TREATMENT • RESEARCH

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Patient Assessment

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

Very Well [----------] Very Poorly

How much pain have you had because of your condition over the past week? Place a mark on the line below to indicate how severe the pain has been:

No pain [----------] Pain as severe as it could be

Please answer the following questions, even if you feel that they may not be related to you at this time. Answer exactly as you think or feel. There is no right or wrong answers. Fill the circle for the best answer for each question.

Right now, are you able to:	Without any difficulty 0	With some difficulty 1	With much difficulty 2	Unable to do 3
1. Dress yourself, including tying shoelaces and doing buttons?	0	0	0	0
2. Get in and out of bed?	0	0	0	0
3. Lift a full cup or glass to your mouth?	0	0	0	0
4. Walk outdoor on flat ground?	0	0	0	0
5. Wash and dry your entire body?	0	0	0	0
6. Bend down to pick up clothing from the ground?	0	0	0	0
7. Turn regular faucets on and off?	0	0	0	0
8. Get in and out of a car, bus or airplane?	0	0	0	0
9. Walk two miles?	0	0	0	0
10. Participate in sports and games as you like?	0	0	0	0
11. Get a good night's sleep?	0	0	0	0
12. Deal with feelings of anxiety or being nervous?	0	0	0	0
13. Deal with feelings of depression or feeling blue?	0	0	0	0

For office use only: GL _____ PN_____ FN _____ PS _____

GL and PN measure with metric ruler FN add value of questions 1-10 and divide by 3 PS add value of questions 11-13 and multiply by 1.1