

AMERICAN COLLEGE OF RHEUMATOLOGY

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 your pain has been:

No Pain |-----| Pain as Bad 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 are no right or wrong answers. Check the one best answer for each question.

Activity Level

Right now, are you able to:

	Without any difficulty	With some difficulty	With much difficulty	Unable to do
1. Dress yourself, including tying shoelaces and doing buttons?	_____0	_____1	_____2	_____3
2. Get in and out of bed?	_____0	_____1	_____2	_____3
3. Lift a full cup or glass to your mouth?	_____0	_____1	_____2	_____3
4. Walk outdoors on flat ground?	_____0	_____1	_____2	_____3
5. Wash and dry your entire body?	_____0	_____1	_____2	_____3
6. Bend down to pick up clothing from the floor?	_____0	_____1	_____2	_____3
7. Turn regular faucets on and off?	_____0	_____1	_____2	_____3
8. Get in and out of a car, bus, train or airplane?	_____0	_____1	_____2	_____3
9. Walk two miles?	_____0	_____1	_____2	_____3
10. Participate in sports and games as you like?	_____0	_____1	_____2	_____3
11. Get a good night's sleep?	_____0	_____1.1	_____2.2	_____3.3
12. Deal with feelings of anxiety or being nervous?	_____0	_____1.1	_____2.2	_____3.3
13. Deal with feelings of depression or feeling blue?	_____0	_____1.1	_____2.2	_____3.3

Your Name _____ Today's Date _____ Time of Day _____

Instructions for Office Staff

Activity Level Index Scoring:
For FN (questions 1-10) add total points and convert using scale on right. For PS (questions 11-13), add total points.

Visual Analog Scales: measure with metric ruler. Line is exactly 10 cm long. Scores should be recorded in cm.mm format.

Adapted from
Pincus T, Swearingen C, Wolfe F. Toward a Multidimensional Health Assessment Questionnaire. Arthritis Rheum 1999; 42:2220-2230.

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For Office
Use Only

GL

PN

FN

1=0.33
2=0.67
3=1.0
4=1.33
5=1.67
6=2.0
7=2.33
8=2.67
9=3.0
10=3.33
11=3.67
12=4.0
13=4.33
14=4.67
15=5.0
16=5.33
17=5.67
18=6.0
19=6.33
20=6.67
21=7.0
22=7.33
23=7.67
24=8.0
25=8.33
26=8.67
27=9.0
28=9.33
29=9.67
30=10.0

Height _____

Have you been vaccinated for the following?

Weight _____

1. Covid 19 Yes _____ No _____

2. Pneumonia Yes _____ No _____

Dexa Scan Yes _____ No _____

3. Shingles Yes _____ No _____

4. Flu Yes _____ No _____