

RHEUMATOLOGY RETURN PATIENT FORM
Health Assessment Questionnaire

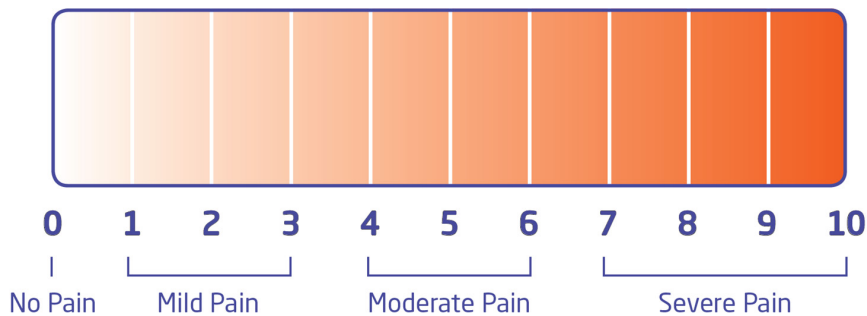
The answers to these questions give us information not available from blood tests, X-ray, or any source other than you. Please try to answer each question, even if you do not think it is related to you at this time. Try to complete as much as you can yourself, but if you need help, please ask. There are no right or wrong answers. Please answer as you think or feel. Thank you.

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

OVER THE LAST WEEK , were you able to:	Without ANY Difficulty	Without SOME Difficulty	Without MUCH Difficulty	UNABLE To Do	FOR OFFICE USE ONLY 1. a-j FN (0-10) <div style="border: 1px solid black; width: 100px; height: 30px; margin: 5px;"></div> 1= 0.3 16= 5.3 2= 0.7 17= 5.7 3= 1.0 18= 6.0 4= 1.3 19= 6.3 5= 1.7 20= 6.7 6= 2.0 21= 7.0 7= 2.3 22= 7.3 8= 2.7 23= 7.7 9= 3.0 24= 8.0 10= 3.3 25= 8.3 11= 3.7 26= 8.7 12= 4.0 27= 9.0 13= 4.3 28= 9.3 14= 4.7 29= 9.7 15= 5.0 30= 10
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	

2. How much pain have you had because of your condition OVER THE PAST WEEK?

Please show below how severe your pain has been by drawing a line in the picture:



3. Considering all the ways in which illness and health conditions may affect you at this time, please indicate below how you are doing:

0	.5	1	1.5	2	2.5	3	3.5	4	4.5	5	5.5	6	6.5	7	7.5	8	8.5	9	9.5	10
Very Well					Well					Poor					Very Poor					

2. PN (0-10)

4. P

RAPID 3 (0-30)

Cat:

HS = > 12

MS = 6.1-12

LS = 3.1-6

R = ≤ 3