Your Name _____ Today's Date _____

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:

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

2. How much pain have you had because of your *condition* OVER THE PAST WEEK? Please indicate below how severe your pain has been:

NO PAIN ○ PAIN AS BAD AS IT COULD 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

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

VERY WELL ○ VERY POORLY
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

4. Please place a check (✓) in the appropriate spot to indicate the amount of pain you are having today in each of the joint areas listed below:

	None	Mild	Moderate	Severe		None	Mild	Moderate	Severe
LEFT FINGERS	☐ 0	☐ 1	☐ 2	☐ 3	RIGHT FINGERS	☐ 0	☐ 1	☐ 2	☐ 3
LEFT WRIST	☐ 0	☐ 1	☐ 2	☐ 3	RIGHT WRIST	☐ 0	☐ 1	☐ 2	☐ 3
LEFT ELBOW	☐ 0	☐ 1	☐ 2	☐ 3	RIGHT ELBOW	☐ 0	☐ 1	☐ 2	☐ 3
LEFT SHOULDER	☐ 0	☐ 1	☐ 2	☐ 3	RIGHT SHOULDER	☐ 0	☐ 1	☐ 2	☐ 3
LEFT HIP	☐ 0	☐ 1	☐ 2	☐ 3	RIGHT HIP	☐ 0	☐ 1	☐ 2	☐ 3
LEFT KNEE	☐ 0	☐ 1	☐ 2	☐ 3	RIGHT KNEE	☐ 0	☐ 1	☐ 2	☐ 3
LEFT ANKLE	☐ 0	☐ 1	☐ 2	☐ 3	RIGHT ANKLE	☐ 0	☐ 1	☐ 2	☐ 3
LEFT TOES	☐ 0	☐ 1	☐ 2	☐ 3	RIGHT TOES	☐ 0	☐ 1	☐ 2	☐ 3
NECK	☐ 0	☐ 1	☐ 2	☐ 3	BACK	☐ 0	☐ 1	☐ 2	☐ 3

5. Fatigue
0 = none
10 = worst
○ ○ ○ ○ ○ ○ ○ ○ ○ ○ ○
0 1 2 3 4 5 6 7 8 9 10

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VERY WELL ○ VERY POORLY
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

FOR OFFICE USE ONLY

1. a-j FN 0-10

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

2. PN 0-10

3. PT GL 0-10

RAPID 3

4. JT CT 0-10

1 = 0.2	25 = 5.2
2 = 0.4	26 = 5.4
3 = 0.6	27 = 5.6
4 = 0.8	28 = 5.8
5 = 1.0	29 = 6.0
6 = 1.3	30 = 6.3
7 = 1.5	31 = 6.4
8 = 1.7	32 = 6.7
9 = 1.9	33 = 6.9
10 = 2.1	34 = 7.1
11 = 2.3	35 = 7.3
12 = 2.5	36 = 7.5
13 = 2.7	37 = 7.7
14 = 2.9	38 = 7.9
15 = 3.1	39 = 8.1
16 = 3.3	40 = 8.3
17 = 3.5	41 = 8.5
18 = 3.8	42 = 8.8
19 = 4.0	43 = 9.0
20 = 4.2	44 = 9.2
21 = 4.4	45 = 9.4
22 = 4.6	46 = 9.6
23 = 4.8	47 = 9.8
24 = 5.0	48 = 10

RAPID 4 0-40

MDGL 0-10

RAPID 5 0-50

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