Allergy Sinus & Arthritis Clinic. PLLC

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Your Name:______________________________ Today's Date: ____________

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

OVER THE PAST WEEK, were you able to:	Without **ANY** difficulty	With **SOME** difficulty	With **MUCH** difficulty	**UNABLE** to do
Dress yourself, including tying shoelaces and doing buttons?	☐ 0	☐ 1	☐ 2	☐ 3
Get in and out of bed?	☐	☐	☐	☐
Lift a full cup or glass to your mouth?	☐	☐	☐	☐
Walk outdoors on flat ground?	☐	☐	☐	☐
Wash and dry your entire body?	☐	☐	☐	☐
Bend down to pick up clothing from the floor?	☐	☐	☐	☐
Turn regular faucets on and off?	☐	☐	☐	☐
Get in and out of a car, bus, train, or airplane?	☐	☐	☐	☐
Walk two miles?	☐	☐	☐	☐
Participate in sports and games as you would like?	☐	☐	☐	☐
Deal with feelings of anxiety or being nervous?	☐	☐	☐	☐
Deal with feelings of depression or feeling blue?	☐	☐	☐	☐

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

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

4. How do you feel **TODAY** compared to **ONE WEEK AGO**? Please check (✓) only one.

Much Better ☐ **Better** ☐ **the Same** ☐ **Worse** ☐ **Much Worse** ☐

DO NOT WRITE BELOW THIS LINE – FOR DOCTOR'S USE ONLY

Patient Diagnosis: ____________________ **Provider Signature:** ____________________

Do Not Write in this Box

1. Function: ____

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. Pain: ____

3. Patient Global: ____

RAPID-3: ____ (0-30)

Severity:
0-3: Near remission
4-6: Mild
7-12: Moderate
13-30: High
(Pincus JRh '08)

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