



Rheumatology Center of Princeton

Name _____

Date _____

	(0)	(1)	(2)	(3)
OVER THE LAST WEEK, WERE YOU ABLE TO :	WITHOUT ANY DIFFICULTY	WITH SOME DIFFICULTY	WITH MUCH DIFFICULTY	UNABLE TO DO
Dress yourself, including tying shoelace and doing buttons?				
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 clothes from the floor?				
Turn regular faucets on and off				
Walk two miles or three kilometer, if you wish				
Participate in recreational activities and sports as you would like, if you wish?				

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
<input type="checkbox"/> 0 <input type="checkbox"/> 0.5 <input type="checkbox"/> 1.0 <input type="checkbox"/> 1.5 <input type="checkbox"/> 2.5 <input type="checkbox"/> 3.0 <input type="checkbox"/> 3.5 <input type="checkbox"/> 4.0 <input type="checkbox"/> 4.5 <input type="checkbox"/> 5.0 <input type="checkbox"/> 5.5 <input type="checkbox"/> 6.0 <input type="checkbox"/> 7.0 <input type="checkbox"/> 7.5 <input type="checkbox"/> 8.0 <input type="checkbox"/> 8.5 <input type="checkbox"/> 9.0 <input type="checkbox"/> 9.5 <input type="checkbox"/> 10	

3. CONSIDERING ALL THE WAYS IN WHICH ILLNESS AND HEALTH CONDITIONS MAY AFFECT YOU OVER THE PAST WEEK? PLEASE INDICATE BELOW HOW YOU ARE DOING:

VERY WELL	VERY POORLY
<input type="checkbox"/> 0 <input type="checkbox"/> 0.5 <input type="checkbox"/> 1.0 <input type="checkbox"/> 1.5 <input type="checkbox"/> 2.5 <input type="checkbox"/> 3.0 <input type="checkbox"/> 3.5 <input type="checkbox"/> 4.0 <input type="checkbox"/> 4.5 <input type="checkbox"/> 5.0 <input type="checkbox"/> 5.5 <input type="checkbox"/> 6.0 <input type="checkbox"/> 7.0 <input type="checkbox"/> 7.5 <input type="checkbox"/> 8.0 <input type="checkbox"/> 8.5 <input type="checkbox"/> 9.0 <input type="checkbox"/> 9.5 <input type="checkbox"/> 10	

FOR OFFICE USE ONLY

1=0.3, 2=0.7, 3=1.0 4=1.3; 5=1.7; 6=2.0; 7=2.3; 8=2.7; 9=3.0; 10=3.3; 11=3.7; 12=4.0
 13=4.3; 14=4.7; 15=5.0; 16=5.3, 17=5.7; 18=6.0; 19=6.3
 20=6.7; 21=7.0; 22=7.3; 23=7.7, 24=8.0; 25=8.3; 26=8.7; 27=9.0 28=9.3; 29=9.7; 30=10.0

A-J FN (0-10) _____
 PN (0-10) _____
 PTGE (0-10) _____
 Rapid 3 (0-30) _____

Near Remission (NR) 1=0.3, 2=0.7, 3=1.0
 Low Severity (LS) 4=1.3; 5=1.7; 6=2.0
 Moderate Severity (MS) 7=2.3; 8=2.7; 9=3.0; 10=3.3; 11=3.7; 12=4.0
 High Severity (HS) 13=4.3; 14=4.7; 15=5.0; 16=5.3, 17=5.7; 18=6.0;
 19=6.3; 20=6.7; 21=7.0; 22=7.3; 23=7.7, 24=8.0;
 25=8.3; 26=8.7; 27=9.0 28=9.3; 29=9.7; 30=10.0