DAYTON ARTHRITIS AND ALLERGY CENTER

Patient Disease Activity and Symptom Form

Name		Date	

OVER THE PAST WEEK, were you able to (Fill in only one):	****PLEASE COMPLETELY FILL IN CIRCLE****			
	No difficulty	Some difficulty	Much difficulty	Unable to do
Dress yourself, including tying shoes and doing buttons?	O	O	O	O
Get in and out of bed?	O	O	O	O
Lift a full cup or glass to your mouth?	O	O	O	O
Walk outside on flat ground?	O	O	O	O
Wash and dry your entire body?	O	O	O	O
Bend down to pick up clothing from the floor?	O	O	O	O
Turn regular faucets on and off?	O	O	O	O
Get in and out of the car, bus, train or plane?	O	O	O	O
Walk two miles, if you wish?	O	O	O	O
Participate in recreational activities and sports as you would like?	O	O	O	O

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

No Pain — Pain as bad as it could be

0	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
O	O	O	O	O	O	O	O	O	O	O	O	O	O	O	O	O	O	O	O	O

Considering all the ways in which illness and health conditions may affect you AT THIS TIME, please indicate how you are doing:

Very Well — Very Poorly

0	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
O	O	O	O	O	O	O	O	O	O	O	O	O	O	O	O	O	O	O	O	O

Please completely fill in NO OR YES if you have any of the following symptoms SINCE YOUR LAST VISIT:

No	Yes		No	Yes		No	Yes		No	Yes		No	Yes	
O	O	Joint Pain	O	O	Unusual fatigue	O	O	Body rash	O	O	Weakness	O	O	Shortness of breath
O	O	Back Pain	O	O	Fever	O	O	Facial rash	O	O	Chronic headaches	O	O	Chest pain
O	O	Broken bone	O	O	Weight loss	O	O	Rash from the sun	O	O	Numbness or tingling	O	O	Palpitations
O	O	Joint swelling	O	O	Bruising	O	O	Dry eyes or mouth	O	O	Swollen glands	O	O	Cough
O	O	Morning stiffness	O	O	Difficulty Sleeping	O	O	Mouth ulcers	O	O	Skin ulcers	O	O	Abdominal pain
						O	O	Raynaud's (blue fingers)	O	O	Red eyes	O	O	Diarrhea
						O	O	Pleurisy pericarditis	O	O	Feeling anxious	O	O	Constipation
						O	O	History of blood clots	O	O	Depressed mood	O	O	Difficulty swallowing

How long does morning stiffness last?

- O less than 15 minutes
- O 30 minutes
- O more than 1 hour