

**Patient Assessment**

Considering all the ways in which illness and health conditions may affect you at this time, please make a mark below to show how you are doing:

Very Well |-----| Very Poorly

How much pain have you had because of your condition over the past week? Place a mark on the line below to indicate how severe your pain has been:

No Pain |-----| Pain as Bad as It Could Be

Please answer the following questions, even if you feel that they may not be related to you at this time. Answer exactly as you think or feel – there are no right or wrong answers. Check the one best answer for each question.

**Activity Level**

Right now, are you able to:

	<b>Without any difficulty</b>	<b>With some difficulty</b>	<b>With much difficulty</b>	<b>Unable to do</b>
1. Dress yourself, including tying shoelaces and doing buttons?	_____0	_____1	_____2	_____3
2. Get in and out of bed?	_____0	_____1	_____2	_____3
3. Lift a full cup or glass to your mouth?	_____0	_____1	_____2	_____3
4. Walk outdoors on flat ground?	_____0	_____1	_____2	_____3
5. Wash and dry your entire body?	_____0	_____1	_____2	_____3
6. Bend down to pick up clothing from the floor?	_____0	_____1	_____2	_____3
7. Turn regular faucets on and off?	_____0	_____1	_____2	_____3
8. Get in and out of a car, bus, train or airplane?	_____0	_____1	_____2	_____3
9. Walk two miles?	_____0	_____1	_____2	_____3
10. Participate in sports and games as you like?	_____0	_____1	_____2	_____3
<hr/>				
11. Get a good night's sleep?	_____0	_____1.1	_____2.2	_____3.3
12. Deal with feelings of anxiety or being nervous?	_____0	_____1.1	_____2.2	_____3.3
13. Deal with feelings of depression or feeling blue?	_____0	_____1.1	_____2.2	_____3.3

**For Office Use Only**

**GL**

**PN**

**FN**

- 1=0.33
- 2=0.67
- 3=1.0
- 4=1.33
- 5=1.67
- 6=2.0
- 7=2.33
- 8=2.67
- 9=3.0
- 10=3.33
- 11=3.67
- 12=4.0
- 13=4.33
- 14=4.67
- 15=5.0
- 16=5.33
- 17=5.67
- 18=6.0
- 19=6.33
- 20=6.67
- 21=7.0
- 22=7.33
- 23=7.67
- 24=8.0
- 25=8.33
- 26=8.67
- 27=9.0
- 28=9.33
- 29=9.67
- 30=10.0

Your Name \_\_\_\_\_ Today's Date \_\_\_\_\_ Time of Day \_\_\_\_\_

**Instructions for Office Staff**

Activity Level Index Scoring:  
For FN (questions 1-10) add total points and convert using scale on right. For PS (questions 11-13), add total points.

Visual Analog Scales: measure with metric ruler. Line is exactly 10 cm long. Scores should be recorded in cm.mm format.

Adapted from Pincus T, Swearingen C, Wolfe F. Toward a Multidimensional Health Assessment Questionnaire. Arthritis Rheum 1999; 42:2220-2230.

Patient Assessment Form © 1999, Health Report Services. Used with permission.