Name:

Phone:

Email Address:

Date:

Treatment

1 *Prescription Medications:*

Drug Name:	Reason taken:	Dose:	How often you take it:	Refill needed when:
- Choose -				
- Choose -				
- Choose -				
- Choose -				
- Choose -				
- Choose -				
- Choose -				

2 *Over-the-Counter Medications, Supplements, Herbs etc.:*

Drug Name:	Reason taken:	Dose:	How often you take it:

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Treatment

3 *I would like help improving the following areas:*

- ☐ Pain
- ☐ Morning Stiffness
- ☐ Fatigue

4 *I would like to see improvement in the following activities that are affected by my symptoms:*

- ☐ Get in and out of bed
- ☐ Get in and out of the car
- ☐ Carry groceries
- ☐ Do chores
- ☐ Taking walks
- ☐ Exercise
- ☐ Get dressed
- ☐ Run errands and shop
- ☐ Never have to worry how I'll feel

Symptoms

5 *Over the past week, I rate my pain as:*

No Pain											Severe Pain
	○ 1	○ 2	○ 3	○ 4	○ 5	○ 6	○ 7	○ 8	○ 9	○ 10	

6 *Over the past week, I rate my level of fatigue:*

No fatigue											Extreme Fatigue
	○ 1	○ 2	○ 3	○ 4	○ 5	○ 6	○ 7	○ 8	○ 9	○ 10	

7 *Over the past week, my arthritis symptoms caused feelings of depression:*

Never											Always
	○ 1	○ 2	○ 3	○ 4	○ 5	○ 6	○ 7	○ 8	○ 9	○ 10	

Symptoms

8 *Considering all the ways arthritis affects me, I am doing:*

Very Well ○ 1 ○ 2 ○ 3 ○ 4 ○ 5 ○ 6 ○ 7 ○ 8 ○ 9 ○ 10 Very Poorly

9 *We are interested in learning how your illness affects your ability to function in daily life. Please mark the response which best describes your usual abilities OVER THE PAST WEEK: (please answer all questions)*

	Without ANY difficulty	With SOME difficulty	With MUCH difficulty	UNABLE to do
1). Dress yourself, including shoelaces and buttons?	○	○	○	○
2). Get in and out of bed?	○	○	○	○
3). Lift a full cup or glass to your mouth?	○	○	○	○
4). Walk outdoors on a flat ground?	○	○	○	○
5). Wash and dry your entire body?	○	○	○	○
6). Bend down to pick up clothing from the floor?	○	○	○	○
7. Turn facets on and off?	○	○	○	○
8). Get in and out of a car, bus or train, or airplane?	○	○	○	○
9). Walk two miles?	○	○	○	○

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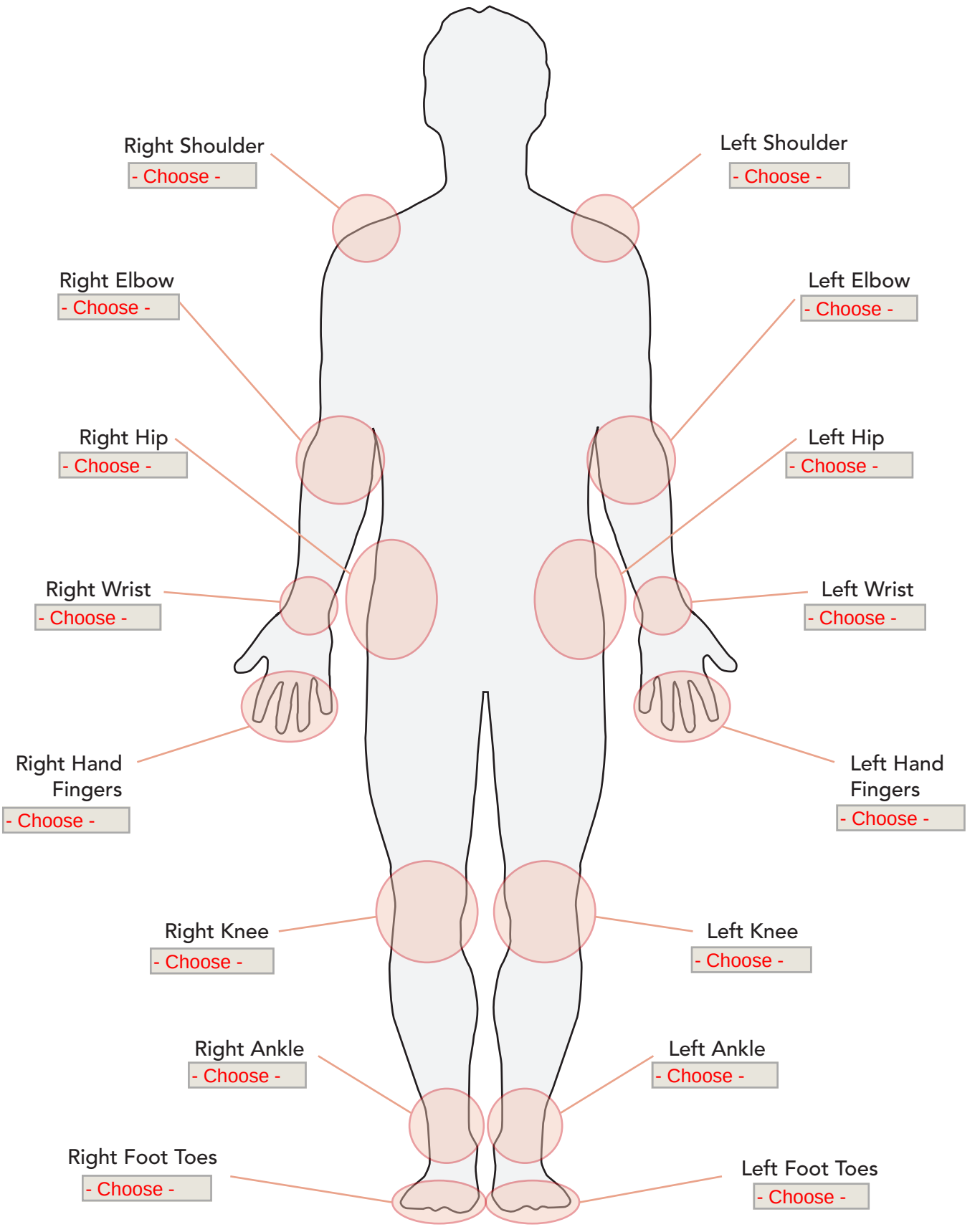
Symptoms

10 *Using the drop downs, rate each place you've had pain today:*



Flares

Flare #1 (dates: _____ - _____)

11 *During the duration of your flare please rate your average level of pain:*

No Pain ○ 1 ○ 2 ○ 3 ○ 4 ○ 5 ○ 6 ○ 7 ○ 8 ○ 9 ○ 10 Severe Pain

12 *During the duration of your flare please rate your average level of fatigue:*

No Fatigue ○ 1 ○ 2 ○ 3 ○ 4 ○ 5 ○ 6 ○ 7 ○ 8 ○ 9 ○ 10 Severe Fatigue

Flare #2 (dates: _____ - _____)

13 *During the duration of your flare please rate your average level of pain:*

No Pain ○ 1 ○ 2 ○ 3 ○ 4 ○ 5 ○ 6 ○ 7 ○ 8 ○ 9 ○ 10 Severe Pain

14 *During the duration of your flare please rate your average level of fatigue:*

No Fatigue ○ 1 ○ 2 ○ 3 ○ 4 ○ 5 ○ 6 ○ 7 ○ 8 ○ 9 ○ 10 Severe Fatigue

Flare #3 (dates: _____ - _____)

15 *During the duration of your flare please rate your average level of pain:*

No Pain ○ 1 ○ 2 ○ 3 ○ 4 ○ 5 ○ 6 ○ 7 ○ 8 ○ 9 ○ 10 Severe Pain

16 *During the duration of your flare please rate your average level of fatigue:*

No Fatigue ○ 1 ○ 2 ○ 3 ○ 4 ○ 5 ○ 6 ○ 7 ○ 8 ○ 9 ○ 10 Severe Fatigue

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Sleep

17 *The following questions ask about your sleep patterns:*

Did you sleep through the night last night?

- ◯ Yes
- ◯ No

If not, how many times was your sleep disrupted?

How many hours did you sleep during the night?

Notes:

18 *My goals for today's visit are:*

19 *My questions for today's visit are:*

Here are some questions you may want to ask your rheumatologist: Show Hide

- Medication -

- What sort of improvements can I expect from my treatment?
- How long will it take for this treatment to work?
- Can you explain the meaning of the tests that you use to diagnose and treat my RA?
- What are the possible risks and side effects, and what should I do if they happen?

- Lifestyle -