1023						C	onsent for	m complet	ed	90	
Name:						ID:	AK				
Doctor Number:	1	2 TSS	3 DNW	4 □ SHS	Today's	Date:	mm		/	Уууу	
Considering ALL THE WAYS THAT YOUR ILLNESS AFFECTS YOU, RATE HOW YOU ARE DOING on the following scale. Place an X in the box below that best describes how you are doing on a scale of 0-10. O VERY VERY VERY											
WELL						о _П			0	POORLY	
We are also interested in learning whether or not you are affected by pain because of your illness. How much pain have you had because of your illness in the past week? Place an X in the box that best describes the severity of your pain on a scale of 0-10. O NO PAIN O SEVERE PAIN											
We are interested in your ability to function box which best described THE PAST WEEK: Are you able to:	on in da	ily life. Pl	ace an X i	in the	Without Any Difficulty (0)		With Some Difficulty (1)		Much culty 2)	Unable To Do (3)	
Stand up from a stra Walk outdoors on fl	-]			
Get on/off toilet? Reach and get dow of sugar) from just a			(such as a	ı bag]			
Open car doors? Do outside work (su	ıch as ya	rd work)?]			
Wait in a line for 15 Lift heavy objects?	minutes	?]			
Move heavy objects Go up two or more to		stairs?] [
We are interested in knowing about any problems that you may have been having with fatigue. How much of a problem has fatigue or tiredness been for you IN THE PAST WEEK? Place an X in the box below that best describes the severity of your fatigue on a scale of 0-10. FATIGUE IS 0 FATIGUE IS A											
NO PROBLEM O D D D D D D D D D D D MAJOR PROBLEM											
How satisfied are you with your HEALTH NOW? Very satisfied Somewhat satisfied Neither satisfied on dissatisfied Somewhat dissatisfied Very dissatisfied											
							Page 1			31484	

RHEUMATOLOGIST'S PAGE All normal Joints not examined Tender joints Swollen joints R R Neck NA L **Shoulders Elbows Wrists** MCPs X 10 PIPs X 10 DIPs X 10 **Hips** NA NA **Knees** Hind foot/ankles MTPs X 10 R R No treatments **Treatments** Name of Name of Name of Check box Check box Check box Drug Drug if taking Drug if taking if taking **BIOLOGICS DMARDS** Leflunomide Azathioprine Adalimumab CellCept/ Mycophenolate mofetil Abatacept Sulfasalazine Anakinra Cyclophosphamide Minocycline Etanercept Cyclosporine Methotrexate Infliximab Penicillamine **STEROIDS** Rituximab Intra-articular Gold injections injections **NSAIDS** Gold by mouth Depo injections **ANALGESICS** Hydroxychloroquine Prednisone Diagnosis change/ New diagnosis: 0 2 3 4 5 6 7 8 9 10 Physician's assessment of global disease activity: None Mild Moderate Severe Lab results to follow

mm/hr CRP: Rheumatoid Factor: .

ESR:

