BEALS INSTITUTE, P.C.

ARTHRITIS, OSTEOPOROSIS AND AUTOIMMUNE DISEASES

HOW DOES YOUR CONDITION AFFECT YOUR ABILITY TO ENGAGE IN EVERYDAY ACTIVITIES?

Fill out this simple form to assess how your condition may be affecting your daily life, and share the answers with your Rheumatologist. He or She may find the information useful when evaluating your condition and discussing treatment options.

Patient Name:	DOB:	Date:

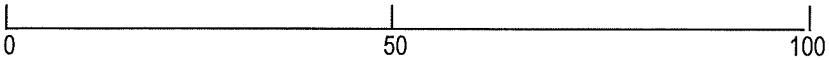
Please check the response that best describes Your usual abilities over the past week:	Without ANY Difficulty (0)	With SOME difficulty (1)	With MUCH difficulty (2)	Unable to do (3)	OFFICE USE Highest Score
DRESSING & GROOMING- Are you able to:					
Dress yourself, including shoelaces and buttons?	☐	☐	☐	☐	
Shampoo your hair?	☐	☐	☐	☐	
ARISING – Are you able to:					
Stand up from a straight chair?	☐	☐	☐	☐	
Get in and out of bed?	☐	☐	☐	☐	
EATING – Are you able to:					
Cut your meat?	☐	☐	☐	☐	
Lift and full cup or glass to your mouth?	☐	☐	☐	☐	
Open a new milk carton?	☐	☐	☐	☐	
WALKING – Are you able to:					
Walk outdoors on flat ground?	☐	☐	☐	☐	
Climb up five (5) steps?	☐	☐	☐	☐	
HYGIENE – Are you able to:					
Wash and dry your body?	☐	☐	☐	☐	
Get on and off the toilet?	☐	☐	☐	☐	
REACH – Are you able to:					
Reach and get a 5-pound object (bag of sugar) from above your head?	☐	☐	☐	☐	
Bend down and pick up clothing from the floor?	☐	☐	☐	☐	
GRIP – Are you able to:					
Open car doors?	☐	☐	☐	☐	
Open previously opened jars?	☐	☐	☐	☐	
Turn faucets on and off?	☐	☐	☐	☐	
ACTIVITIES – Are you able to:					
Run errands and shop?	☐	☐	☐	☐	
Get in and out of the car?	☐	☐	☐	☐	
Do chores like vacuuming and yardwork?	☐	☐	☐	☐	

TOTAL

Number of Answered groups

Total HAQ Disability Index score

How much pain have you had because of your condition in the past week:
(Place a single vertical mark (|) on the line to indicate the severity of pain)



Pain Score

Does your pain medication help control your pain? ☐ YES ☐ NO

After taking your pain medication, does your pain level change? ☐ YES ☐ NO