

Mary Pack Arthritis Program

II. To be completed by the patient:

NAME: _____

Date: _____

1. How much pain have you had in the past week because of your arthritis?
 Please mark an "X" on the following scale to indicate the severity of your pain:

No Pain	Worst Imaginable Pain
0	100

2. Considering all the ways your arthritis affects you, mark "X" on the scale for how well you are doing:

Very Well	Very Poor
1	100

3. What is your current employment status?

Employed _____

Unemployed _____

On Disability _____ If yes, permanent _____ or temporary _____

Homemaker _____

Student _____

Retired _____

If unemployed, on disability or retired, since when? _____

The following questions (4 to 8) are pertaining to the **last 6 months:**

4. How many days of work or school have you missed because of your arthritis? _____

5. Have you had to reduce your working/school hours because of your arthritis?

No _____ Yes _____ If so, by how many hours per week? _____

6. Has another member of your family had to stop working or reduce their hours because of your arthritis? No _____ Yes _____

If so, How? _____

7. Have you had to change your duties at work because of your arthritis?

No _____ Yes _____ If so, How?

8. Have you had to hire help for work at home because of your arthritis?

No _____ Yes _____ If so, what kind, How many hours/week, and at what cost? _____

9. Has your income changed in the last six months? No _____ Yes _____

If yes, has it increased _____ or decreased _____ and by what percentage? _____

10. What percentage of your household income comes from your work? _____

Has that percentage changed? No _____ Yes _____

If yes, has it increased _____ or decreased _____ and by how much? _____

Describe how and why this change

happened _____

Thank you for your time!

Your answers will help us understand more about rheumatoid arthritis and its impact on the lives of our patients.

Patient Name: _____ Date: _____(DD/MM/YY)

We are interested in knowing how your illness affects the daily activities of your life. Please feel free to add comments on the reverse.

- Please check the one response which best describes your usual abilities **OVER THE PAST WEEK**

	Without ANY Difficulty	With SOME Difficulty	With MUCH Difficulty	UNABLE to do
DRESSING & GROOMING are you able to:				
Dress yourself, including tying shoe laces and doing buttons?				
Shampoo your hair?				
ARISING are you able to:				
Stand up from an armless straight chair?				
Get in and out of bed?				
EATING are you able to:				
Cut your meat?				
Lift a 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?				

- Please check any **AIDS or DEVICES** that you usually use for any of these activities.

_____ Cane	_____ Wheelchair
_____ Walker	_____ Corset (name:_____)
_____ Special or built up chair	_____ Devices used for Dressing (button, hook, zipper pull, long-handled shoe horn, etc.)
_____ Back support (home)	_____ Back support (car)
_____ Other specify:_____	

- Please check any categories for which you usually need **HELP FROM ANOTHER PERSON:**

_____ Dressing & Grooming	_____ Eating
_____ Arising	_____ Walking

- Please check the one response which best describes your usual abilities **OVER THE PAST WEEK.**

	Without ANY Difficulty	With SOME Difficulty	With MUCH Difficulty	UNABLE to do
HYGIENE are you able to:				
Wash and dry your entire body?				
Take a tub bath?				
Get on and off the toilet?				
REACH are you able to:				
Reach and get down a 5 lb object (such as a bag of sugar) from just above your head?				
Bend down to pick up clothing from the floor?				
GRIP are you able to:				
Open car doors?				
Open jars which have been previously opened?				
Turn faucets on and off?				
ACTIVITIES are you able to:				
Run errands and shop?				
Get in and out of a car?				
Do chores such as vacuuming or yard work?				

- Please check any **AIDS or DEVICES** that you usually use for any of these activities.

Raised Toilet Seat Bathroom Bar
 Bathtub Seat Long-Handled Appliances for Reach
 Jar Opener (for jars previously opened) Long-Handled Appliances in Bathroom
 Other (Specify): _____

- Please check any categories for which you usually need **HELP FROM ANOTHER PERSON:**

Hygiene Gripping and opening things
 Reach Errands and Chores