

# AMERICAN COLLEGE OF RHEUMATOLOGY

## 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:**

|   | Without any difficulty | With some difficulty | With much difficulty | Unable to do |
|---|------------------------|----------------------|----------------------|--------------|
| 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     |

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

**Instructions for Office Staff**

|   |  |
|---|--|
| <p>Activity Level Index Scoring:<br/>For FN (questions 1-10) add total points and convert using scale on right. For PS (questions 11-13), add total points.</p> | <p>Visual Analog Scales: measure with metric ruler. Line is exactly 10 cm long. Scores should be recorded in cm.mm format.</p> |
|---|--|

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  
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**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

**AMERICAN COLLEGE OF RHEUMATOLOGY  
Physician Assessment**

**Patient Right**

**Patient Left**

0= Absent  
1= Present

| Joint    | Pain | Swelling | Joint    | Pain | Swelling |
|----------|------|----------|----------|------|----------|
| Shoulder | 0 1  | 0 1      | Shoulder | 0 1  | 0 1      |
| Elbow    | 0 1  | 0 1      | Elbow    | 0 1  | 0 1      |
| Wrist    | 0 1  | 0 1      | Wrist    | 0 1  | 0 1      |
| MCP I    | 0 1  | 0 1      | MCP I    | 0 1  | 0 1      |
| MCP II   | 0 1  | 0 1      | MCP II   | 0 1  | 0 1      |
| MCP III  | 0 1  | 0 1      | MCP III  | 0 1  | 0 1      |
| MCP IV   | 0 1  | 0 1      | MCP IV   | 0 1  | 0 1      |
| MCP V    | 0 1  | 0 1      | MCP V    | 0 1  | 0 1      |
| PIP I    | 0 1  | 0 1      | PIP I    | 0 1  | 0 1      |
| PIP II   | 0 1  | 0 1      | PIP II   | 0 1  | 0 1      |
| PIP III  | 0 1  | 0 1      | PIP III  | 0 1  | 0 1      |
| PIP IV   | 0 1  | 0 1      | PIP IV   | 0 1  | 0 1      |
| PIP V    | 0 1  | 0 1      | PIP V    | 0 1  | 0 1      |
| Knee     | 0 1  | 0 1      | Knee     | 0 1  | 0 1      |

**Physician's Global Assessment:** Mark an X on the line below to indicate disease activity (independent of the patient's self assessment):

Very Good |-----| Very Bad

Today's Physician Global Assessment Score \_\_\_\_\_ Baseline score \_\_\_\_\_ Percent Change \_\_\_\_\_  
 Total Painful Joints Today \_\_\_\_\_ Total Painful Joints Baseline \_\_\_\_\_ Percent Change \_\_\_\_\_  
 Total Swollen Joints Today \_\_\_\_\_ Total Swollen Joints Baseline \_\_\_\_\_ Percent Change \_\_\_\_\_  
 Acute-Phase Reactant: ESR or CRP Today \_\_\_\_\_ ESR or CRP Baseline \_\_\_\_\_ Percent Change \_\_\_\_\_

**Scores from Patient Assessment**

Today's Function (FN) Index \_\_\_\_\_ Baseline Function (FN) Index \_\_\_\_\_ Percent Change \_\_\_\_\_  
 Today's Patient Pain (PN) Score \_\_\_\_\_ Baseline Patient Pain (PN) Score \_\_\_\_\_ Percent Change \_\_\_\_\_  
 Today's Patient Global (GL) Score \_\_\_\_\_ Baseline Patient Global (GL) Score \_\_\_\_\_ Percent Change \_\_\_\_\_

**Criteria for ACR 20 Improvement**

| <b>Required</b>                                 | <b>Achieved</b> |  |
|---|-----------------|--|
| > 20% Improvement in painful joint count        | _____           | Felson, DT, Anderson JJ, Boers M, Bombardier C, Furst D, Goldsmith C, Katz LM, Lightfoot R, Paulus H, Strand V, Tugwell P, Weinblatt M, Williams HJ, Wolfe F, Kieszak S. American College of Rheumatology Preliminary Definition of Improvement in Rheumatoid Arthritis. Arthritis Rheum 1995; 38:727-735.<br>Physician Assessment Form © 1999, American College of Rheumatology.<br>Supported by a grant from G.D. Searle and Co. |
| > 20% Improvement in swollen joint count        | _____           |  |
| +   |                 |  |
| > 20% Improvement in 3 of the following 5 areas |                 |  |
| Patient Pain Assessment (PN)                    | _____           |  |
| Patient Global Assessment (GL)                  | _____           |  |
| Physician Global Assessment                     | _____           |  |
| Patient Self-Assessed Disability (FN)           | _____           |  |
| Acute-Phase Reactant (ESR or CRP)               | _____           |  |

Patient's Name \_\_\_\_\_ Date \_\_\_\_\_ Physician's Initials \_\_\_\_\_



[REDACTED]