

**AMERICAN COLLEGE OF RHEUMATOLOGY
Patient History Update**

What has happened since you were last here?

Name _____ Age _____

Since your last visit, have you?	Yes	No	If yes, please specify
Had any illnesses?	<input type="checkbox"/>	<input type="checkbox"/>	_____
Seen any health care providers?	<input type="checkbox"/>	<input type="checkbox"/>	_____
Had any x-ray, lab or other procedures	<input type="checkbox"/>	<input type="checkbox"/>	_____
Had any change in your family medical history?	<input type="checkbox"/>	<input type="checkbox"/>	_____
Had any change in your social history?	<input type="checkbox"/>	<input type="checkbox"/>	_____
Had any new allergies or reactions to medications?	<input type="checkbox"/>	<input type="checkbox"/>	_____
Started, changed or stopped any medications?	<input type="checkbox"/>	<input type="checkbox"/>	_____

New diseases or illnesses developed by relatives (parents, children, aunts, uncles, brothers, sisters)	Changes in your social situation: Work, relationships, residence, smoking, alcohol consumption	New allergies or reactions to medications

Please list any medications which are new, changed or stopped since your last visit

Name of Medication	New, Change Or Stop (For dose change, indicate current dosage)	Name of prescribing doctor. If you made the change, put Self	Why was the medication changed or stopped? No longer needed? No longer effective or not ever effective? Side effects (please specify)?

How Do You Feel Today as Compared to Your Last Visit Here?

Please rate the following items using this scale:

0=Problem not present today 1=Much better 2=Better 3=Same 4=Worse 5=Much Worse N=New Problem

Pain:	Swelling:	Fatigue:	Ringing in Ears:	Stomach Upset:	Skin Rash:	Bruising:	Difficulty Sleeping:	Cough:
Eyes Red:	Chest Pain:	Fever:	Oral Ulcers:	Diarrhea:	Skin Ulcers:	Swollen Glands:	Headache:	Shortness of Breath:
Eyes Dry:	Heart Palpitations:	Weight Loss:	Overall Assessment:					

How long is your morning stiffness (minutes)? _____ What is your worst joint? _____

Patient's Name _____ Date _____ Physician Initials _____

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

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

Required	Achieved	
> 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.
> 20% Improvement in swollen joint count	_____	
+		
> 20% Improvement in 3 of the following 5 areas		
Patient Pain Assessment (PN)	_____	
Patient Global Assessment (GL)	_____	Physician Assessment Form © 1999, American College of Rheumatology.
Physician Global Assessment	_____	
Patient Self-Assessed Disability (FN)	_____	
Acute-Phase Reactant (ESR or CRP)	_____	Supported by a grant from G.D. Searle and Co.

Patient's Name _____ Date _____ Physician's Initials _____