RHEUMATOLOGY PATIENT QUESTIONNAIRE

1. Any changes since last visit in medications, medical history, family history, social history? □ No □ Not applicable □Yes (if yes please list)	_
2. When you get up in the morning, do your joints feel stiff? Yes No If yes, please enter how many hours or minutes (approximately) it will take until you are as good as you will be for the day: Hours Minutes	
3. How much pain have you had, because of your condition, OVER THE PAST	
WEEK? NO PAIN PAIN AS BAD AS IT COULD BE	
0 0.5 1.0 1.5 2.0 2.5 3.0 3.5 4.0 4.5 5.0 5.5 6.0 6.5 7.0 7.5 8.0 8.5 9.0 9.5 1	
4. Considering all the ways your arthritis affects you, rate how well you are doing	J
on the following scale. VERY POORLY VERY WELL	
0 0.5 1.0 1.5 2.0 2.5 3.0 3.5 4.0 4.5 5.0 5.5 6.0 6.5 7.0 7.5 8.0 8.5 9.0 9.5	
5. How much of a problem is unusual fatigue or tiredness been for you OVER THE PAST WEEK? FATIGUE IS NO PROBLEM FATIGUE IS A MAJOR PROBLEM	
FATIGUE IS NO PRODUCIN	3
0 0.5 1.0 1.5 2.0 2.5 3.0 3.5 4.0 4.5 5.0 5.5 6.0 6.5 7.0 7.5 8.0 8.5 9.0 9.5	10
Please shade all the locations of your pain over the past week on the body figures and hands.	
(T) (T) EEF) SEET LIFE	
A CAD	
Naipine from Elimenal, Moder Faird Parces I. Compani Communit - Limensking for the particle of the particle of the Community of the particle of the particle of the Community of	
正。而且 经的证 的现在分词 的 SEED THE PROPERTY SEED SEED SEED SEED SEED SEED SEED SEE	

Alaska Internal Medicine and Pediatrics Patient name: _____ Date: ___/___

7. Review of systems: Have you had any of the following over the past two weeks? (please circle) Constitutional: fevers, chills, unexplained weight loss, fatigue Eyes: visual changes, eye pain, sensitivity to light, redness, dry eye Ears: hearing loss, drainage, ear pain, ringing Nose/Mouth/Throat: nasal congestion, runny nose, mouth or nose sores, postnasal drip, sinus congestion, nose bleed, sore throat, difficulty swallowing, dry mouth, frequent Cardiovascular: chest pain, palpitations, leg edema, color changes of fingers or toes with the cold Respiratory: cough, shortness of breath, wheezing, pain with deep breath Gastrointestinal: diarrhea, constipation, blood in stools, abdominal pain, vomiting, Genitourinary: urinary frequency, blood in urine, incontinence, pain with urinating, genital sores Musculoskeletal: joint pain, joint swelling, joint stiffness, muscle pain, muscle stiffness Skin: rash, lesions, skin tightening Neurological: headaches, dizziness, numbness, tingling, confusion, trouble speaking, unsteady walking, muscle weakness Psychiatric: anxiety, depression Hematologic/Lymphatic: easy bruising, easy bleeding, swollen glands, low white blood cells, low Allergic/Immunologic: itching, sneezing, watery eyes, clear rhinorrhea, recurrent infections Endocrine: very thirsty, urinating often, cold/heat intolerance Patient Signature: _____ Date: __/__/ Provider Signature: ___ Date: /__/__

Alaska Internal Medicine and Pediatrics Patient name: _____ Date: ___/__/__