

PRESENT MEDICATIONS (List any medications you are taking. Include such items as aspirin, vitamins, laxatives, calcium and other supplements)

Name of Drug	Dose	Number of pills and how often?	How long have you taken this medication?	Please check: Helped?		
				A Lot	Some	Not at all
1.						
2.						
3.						
4.						
5.						
6.						
7.						
8.						
9.						
10.						

PAST MEDICAL HISTORY

Do you now or ever had: (check if "yes")

- | | | | |
|---------------------|---------------------|--------------------------|-----------------------------|
| Cancer type _____ | Heart attack | Thyroid Problems | Colitis |
| Goiter | Angina | Lung Problems _____ type | Psoriasis |
| Depression/Anxiety | Heart Failure | Anemia | Tuberculosis |
| Nervous Breakdown | Diabetes | Cholesterol | Other significant illnesses |
| High Blood Pressure | Stomach Ulcers | HIV/AIDS | (please list) |
| Stroke | Liver Problems | Glaucoma | _____ |
| Asthma | Kidney Problems | Hepatitis | _____ |
| Leukemia | Osteoarthritis | Ankylosing Spondylitis | |
| Rheumatic Fever | Gout | Scleroderma | |
| Bleeding Tendency | Childhood Arthritis | Lupus or "SLE" | |
| Alcoholism | Psoriatic Arthritis | Rheumatoid Arthritis | |
| Epilepsy | Osteoporosis | Arthritis (unknown type) | |

SURGERIES:

- Total knee replacement
- Total hip replacement
- Back Surgery
- Hysterectomy
- Prostate
- Other _____

Family History:

LIVING

DECEASED

	Age	Health	Age at death	Cause
Father				
Mother				

Number of siblings _____ Number living _____ Number deceased _____ Sisters _____ Brothers _____

Number of children _____ Number living _____ Number deceased _____ List ages of each _____

Daughters _____ Sons _____ Adopted _____

At any time has blood relative had any of the following? (Give relationship)

	Relative Relationship		Relative Relationship
Arthritis (unknown type)		Cancer	
Osteoarthritis		Leukemia	
Gout		Stroke	
Childhood arthritis		Colitis	
Lupus or "SLE"		Heart Disease	
Rheumatoid Arthritis		High Blood Pressure	
Ankylosing Spondylitis		Bleeding Tendency	
Osteoporosis		Alcoholism	
Psoriatic Arthritis		Asthma	
Scleroderma		Epilepsy	
Rheumatic Fever		Diabetes	
		Goiter	
Other arthritis conditions:			

SOCIAL HISTORY

Primary language spoken: _____

Occupation: _____ Number of hours worked/average per week _____

Employer: _____ Retired _____ Date _____

Military Service: Yes No Current status: _____

MARITAL STATUS: Never Married Married Divorced Separated Widowed

Do you smoke? Yes No Past – Year Quit? _____ Packs a day _____ Number of years _____

Do you drink alcohol? Yes No Number per week _____

Activity Level: Sedentary _____ Moderate _____ Vigorous _____

Type of Exercise: Gym Golf Jogging Skiing Swimming Walking Yoga Other _____

Exercise Frequency: _____ times/week _____

Recent Travel: Out of State _____ International _____

DIAGNOSTIC TESTS

MRI Scan _____ CT scan _____

Date of last mammogram ____/____/____ Date of last eye exam ____/____/____ Date of last chest x-ray ____/____/____

Date of last Tuberculosis test ____/____/____ Date of last bone densitometry ____/____/____

Date of last Influenza vaccine ____/____/____ Date of last Pneumonia vaccine ____/____/____

Date of last Varicella vaccine ____/____/____ Date of last Hep. B vaccine ____/____/____

PAST MEDICATIONS

Name of Drug <i>Non-Steroidal/Anti-Inflammatory Drugs (NSAIDs)</i>	Currently Taking? Yes/No	Please check: Helped? A Lot Some Not at all	When did you stop-year? Reason for stop?
Arthrotec (diclofenac + misoprostil)			
Aspirin (including coated aspirin)			
Celebrex (celecoxib)			
Indocin (indomethacin)			
Lodine (etodolac)			
Motrin/Advil (ibuprofen)			
Aleve/ Naprosyn (naproxen)			
Voltaren (diclofenac)			
Other:			
Other:			

Pain Relievers	Currently Taking? Yes/No	Please check: Helped? A Lot Some Not at all	When did you stop-year? Reason for stop?
Tramadol			
Vicodin, Norco, Hydrocodone			
Oxycodone, Percocet, Oxycontin			
Other:			

Disease Modifying Antirheumatic Drugs (DMARDs)	Currently Taking? Yes/No	Please check: Helped? A Lot Some Not at all	When did you stop-year? Reason for stop?
Hydroxychloroquine (Plaquenil)			
Methotrexate (Rasuvo, Otrexup)			
Azathioprine (Imuran)			
Sulfasalazine (Azulfidine)			

Disease Modifying Antirheumatic Drugs (Biologics)	Currently Taking? Yes/No	Please check: Helped? A Lot Some Not at all	When did you stop-year? Reason for stop?
Infliximab (Remicade)			
Adalimumab (Humira)			
Rituximab (Rituxan)			
Abatacept (Orencia)			
Enbrel (Etanercept)			
Cimzia (certolizumab pegol)			
Xeljanz (tofacitinib citrate)			
Simponi (golimumab)			
Actemra (tocilizumab)			
Benlysta (belimumab)			

Osteoporosis Medications	Currently Taking? Yes/No	Please check: Helped? A Lot Some Not at all	When did you stop-year? Reason for stop?
Estrogen (Premarin, etc.)			
Alendronate (Fosamax)			
Raloxifene (Evista)			
Calcitronin injection or nasal (Miacalcin, Calcimar)			
Actonel (risedronate sodium)			
Boniva (ibandronate sodium)			
Reclast (Zoledronic Acid)			
Prolia (denosumab)			
Forteo (Teriparatide (rDNA origin)			

routine **pid** assessment of patient index data

The RAPID3 includes a subset of core variables found in the Multi-dimensional HAQ (MD-HAQ). Page 1 of the MD-HAQ, shown here, includes an assessment of physical function (section 1), a patient global assessment (PGA) for pain (section 2), and a PGA for global health (section 3). RAPID3 scores are quickly tallied by adding subsets of the MD-HAQ as follows:

1. please check the ONE best answer for your abilities at this time:					1. a-j FN (0-10): 1=0.3 16=5.3 2=0.7 17=5.7 3=1.0 18=6.0 4=1.3 19=6.3 5=1.7 20=6.7 6=2.0 21=7.0 7=2.3 22=7.3 8=2.7 23=7.7 9=3.0 24=8.0 10=3.3 25=8.3 11=3.7 26=8.7 12=4.0 27=9.0 13=4.3 28=9.3 14=4.7 29=9.7 15=5.0 30=10
OVER THE LAST WEEK, were you able to:	without ANY difficulty	with SOME difficulty	with MUCH difficulty	UNABLE to do	
a. Dress yourself, including tying shoelaces and doing buttons?	___ 0	___ 1	___ 2	___ 3	
b. Get in and out of bed?	___ 0	___ 1	___ 2	___ 3	
c. Lift a full cup or glass to your mouth?	___ 0	___ 1	___ 2	___ 3	
d. Walk outdoors on flat ground?	___ 0	___ 1	___ 2	___ 3	
e. Wash and dry your entire body?	___ 0	___ 1	___ 2	___ 3	
f. Bend down to pick up clothing from the floor?	___ 0	___ 1	___ 2	___ 3	
g. Turn regular faucets on and off?	___ 0	___ 1	___ 2	___ 3	
h. Get in and out of a car, bus, train, or airplane?	___ 0	___ 1	___ 2	___ 3	
i. Walk two miles or three kilometers, if you wish?	___ 0	___ 1	___ 2	___ 3	
j. Participate in recreational activities and sports as you would like, if you wish?	___ 0	___ 1	___ 2	___ 3	
k. Get a good night's sleep?	___ 0	___ 1.1	___ 2.2	___ 3.3	
l. Deal with feelings of anxiety or being nervous?	___ 0	___ 1.1	___ 2.2	___ 3.3	
m. Deal with feelings of depression or feeling blue?	___ 0	___ 1.1	___ 2.2	___ 3.3	

1. a-j FN (0-10):

1=0.3 16=5.3
2=0.7 17=5.7
3=1.0 18=6.0
4=1.3 19=6.3
5=1.7 20=6.7
6=2.0 21=7.0
7=2.3 22=7.3
8=2.7 23=7.7
9=3.0 24=8.0
10=3.3 25=8.3
11=3.7 26=8.7
12=4.0 27=9.0
13=4.3 28=9.3
14=4.7 29=9.7
15=5.0 30=10

2. PN (0-10):

3. PTGE (0-10):

RAPID3 (0-30)

2. how much pain have you had because of your condition OVER THE PAST WEEK? Please indicate below how severe your pain has been:



3. considering all the ways in which illness and health conditions may affect you at this time, please indicate below how you are doing:

