



CENTRAL T E X A S
RHEUMATOLOGY
ASSOCIATES

RHEUMATOLOGY

NAME: _____

ACTIVITIES AND LIFESTYLE INDEX

DATE: _____

The questions below concern your daily activities. Please try to answer each item even if you think it is not related to you or the condition you may have. There are no right or wrong answers. Please answer exactly as you think or feel.

PLEASE CHECK THE ONE BEST ANSWER FOR YOUR ABILITIES AT THIS MOMENT.

YOU ARE ABLE TO:	Without ANY difficulty	With SOME difficulty	With MUCH difficulty	Simply UNABLE to do
1. Dress, tie shoelaces, fasten buttons				
2. Get in and out of bed				
3. Lift a full cup or glass to your mouth				
4. Walk outdoors on flat ground				
5. Wash and dry your entire body				
6. Bend down and pick up clothing from the floor				
7. Turn regular faucets on and off				
8. Get in and out of a car, bus, train or airplane				
9. Walk two miles				
10. Participate in sports/games as you like				
11. Get a good night's sleep				
12. Deal with feelings of anxiety or nervousness				
13. Deal with feelings of depression or feeling blue				
14. Optional: Able to perform sexual activity				

PLEASE ANSWER THE FOLLOWING QUESTIONS:

- How do you feel today compared to one month ago? (Please check only one)
 - Much better today than one month ago
 - Better today than one month ago
 - The same today as one month ago
 - Worse today than one month ago

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2. When you get up in the morning do you feel stiff?

- No
- Yes

3. If "Yes", how long before you are as limber as you will be for that day?

_____ minutes
_____ hours

4. Do you get enough sleep at night?

- No
- Yes

5. Do you wake up feeling rested?

- No
- Yes

PLEASE MAKE A MARK ALONG THE LINE TO INDICATE YOUR RESPONSES BELOW:

6. Considering all the ways in which illness and health conditions may affect you at this time, please mark on the line below to show how you are doing:

VERY POORLY ----- VERY WELL

7. How much of a problem has UNUSUAL fatigue or tiredness been for you OVER THE PAST WEEK?

NO PROBLEM----- MAJOR PROBLEM

How much pain have you had because of your condition over the past week?

NO PAIN ----- AS BAD AS IT GETS

8. On the body and hand figures below please indicate the locations of your pain OVER THE PAST WEEK.

Example:

