

Your Name: _____ Date: _____ Diagnosis _____

FLARE QUESTIONNAIRE

Routine Assessment of Patient Index Data (RAPID3)

Instructions: You may email your flare report to our office via the secure portal "myHealthRecord.com". Be sure to bring this to your next visit with your rheumatologist. Please answer the following two questions

1. Considering all the ways in which illness and health conditions may affect you at this time, please circle the number on the bar below to indicate how you are doing:

Very Well	0 1 2 3 4 5 6 7 8 9 10	Very Poorly
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2. How much pain have you had because of your condition over the past week? Please circle the number on the bar below to indicate how severe your pain has been:

No Pain	0 1 2 3 4 5 6 7 8 9 10	Paid as Bad as it Could be
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Please choose the one best answer to each of 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.*

Right now, are you able to . . .	Without any difficulty	With some difficulty	With much difficulty	Unable to do
Dress yourself, including tying shoelaces and doing buttons?				
Get in and out of bed?				
Lift a full cup or glass to your mouth?				
Walk outdoors on flat ground?				
Wash and dry your entire body?				
Bend down to pick up clothing from the floor?				
Turn regular faucets on and off?				

Your Name: _____ Date: _____

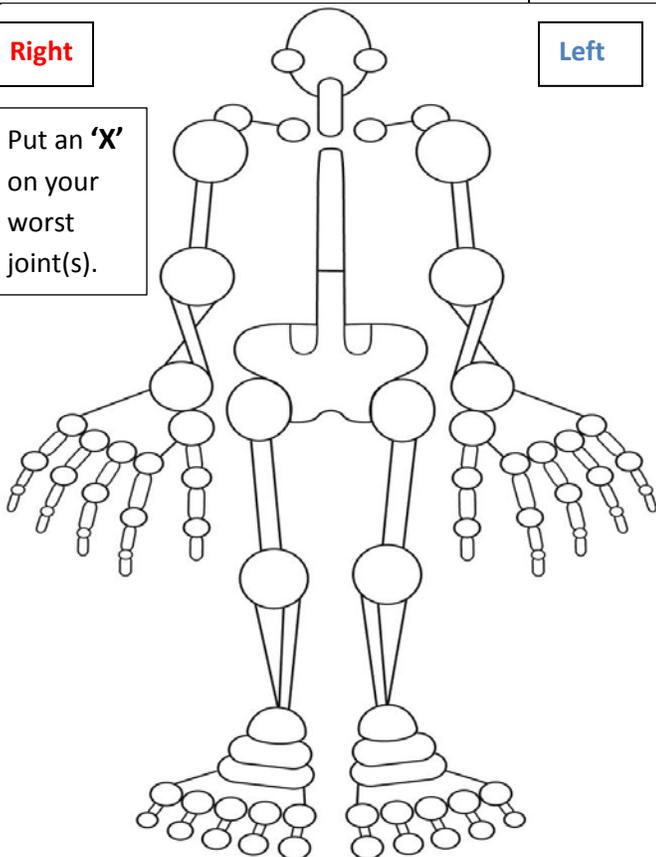
Please choose the one best answer to each of the following questions, even if you feel that they may not be related to you at this time. Answer exactly as you think or feel; *there are no right or wrong answers.*

Right now, are you able to . . .	Without any difficulty	With some difficulty	With much difficulty	Unable to do
Get in and out of a car, bus, train, or airplane?				
Walk two miles?				
Participate in sports and games as you like?				
Get a good night's sleep?				
Deal with feelings of anxiety or being nervous?				
Deal with feelings of depression or feeling blue?				

Right

Left

Put an 'X' on your worst joint(s).



Circle the joints or areas flaring on the drawing.

Please describe your flare:

My joints or muscles (circle which) are:

Swollen

Tender

Warm to the touch

Very hot and red

Can't move my joints

Do you have a fever? If yes, what is your temperature? _____

Date of your last treatment/medication/IV: _____

Any other symptoms: _____