

# ARTHRITIS QUESTIONNAIRE

Patient Name \_\_\_\_\_ Phone \_\_\_\_\_  
 DOB \_\_\_\_\_ Age \_\_\_\_\_ Weight \_\_\_\_\_ Work Phone \_\_\_\_\_  
 Address \_\_\_\_\_ Physician \_\_\_\_\_  
 City, State, Zip \_\_\_\_\_ Physician Phone \_\_\_\_\_

Pharmacy Name \_\_\_\_\_ Life-Span Counselor \_\_\_\_\_

**INSTRUCTIONS:** *If a symptom applies, check correct column under Past or Present (if you have experienced symptoms both Past and Present, only check Present). Also, check severity of symptom to indicate Mild/Rarely, Moderate/Fairly Often or Severe/Most of the Time. Place comments in describe section. Write N/A if not applicable.*

Symptom	Occurrence		Severity/Frequency			Describe, including how long symptom has occurred (If applicable)
	Past	Present	Mild/Rarely	Moderate/Fairly Often	Severe/Most of the time	
Indigestion (heartburn, belching, bloating)						
Bad breath						
Problems with gassiness						
Alternating constipation/diarrhea						
Abdominal cramps/pains						
Passing gas or stools relieves lower abdominal pains/gassiness						
Mucus in stool						
Certain foods aggravate stomach bowels						

Symptom	Occurrence		Severity/Frequency			Describe, including how long symptom has occurred (If applicable)
Experience pain when moving a joint						
Grating, crunching or creaking sounds when moving a joint						
Bumps or nodes (knobby overgrowth) around joints, especially the fingers and feet						
Joints feel sore and stiff						
Joints are less flexible than they used to be						
Joint pain, stiffness or swelling lasting two weeks or more						
Aches and pains, stiffness around hips, knees, feet and/or spine						
Low hip or back pain						

Symptom	Occurrence		Severity/ Frequency			Describe, including how long symptom has occurred (If applicable)
	Past	Present	Mild/Rarely	Moderate/Fairly Often	Severe/Most of the time	
Joints closest to the fingernails are the joints in the fingers most affected						
Family history of osteoarthritis						
Overweight by 15 pounds or more						
History of injury to a joint (which one or ones?)						
History or diagnosis of thinning cartilage or degenerative joint disease						
Red, swollen and painful joints						
Pain and swelling of joints is symmetrical (if joints on right hand are swollen, joints on left hand are also swollen)						
Joints and muscles are stiff in the morning						
Feelings of general weakness and fatigue						
Fever						
Weight loss of over 10 lbs. (without dieting or exercise)						
Pain, swelling and stiffness in wrist and hand joints, except for the joints nearest the fingernails						
The main joints affected are the elbows, shoulders, neck, jaw, feet, ankles, knees and hips						
The neck is affected, but not the remainder of the spine						
Deformed joints						
Muscle loss around affected joints						
Other organs or glands in the body have problems with inflammation						

### **Determine Your Risk Category**

**Mild Deficiency:**

**Moderate Deficiency:**

**Severe Deficiency:**