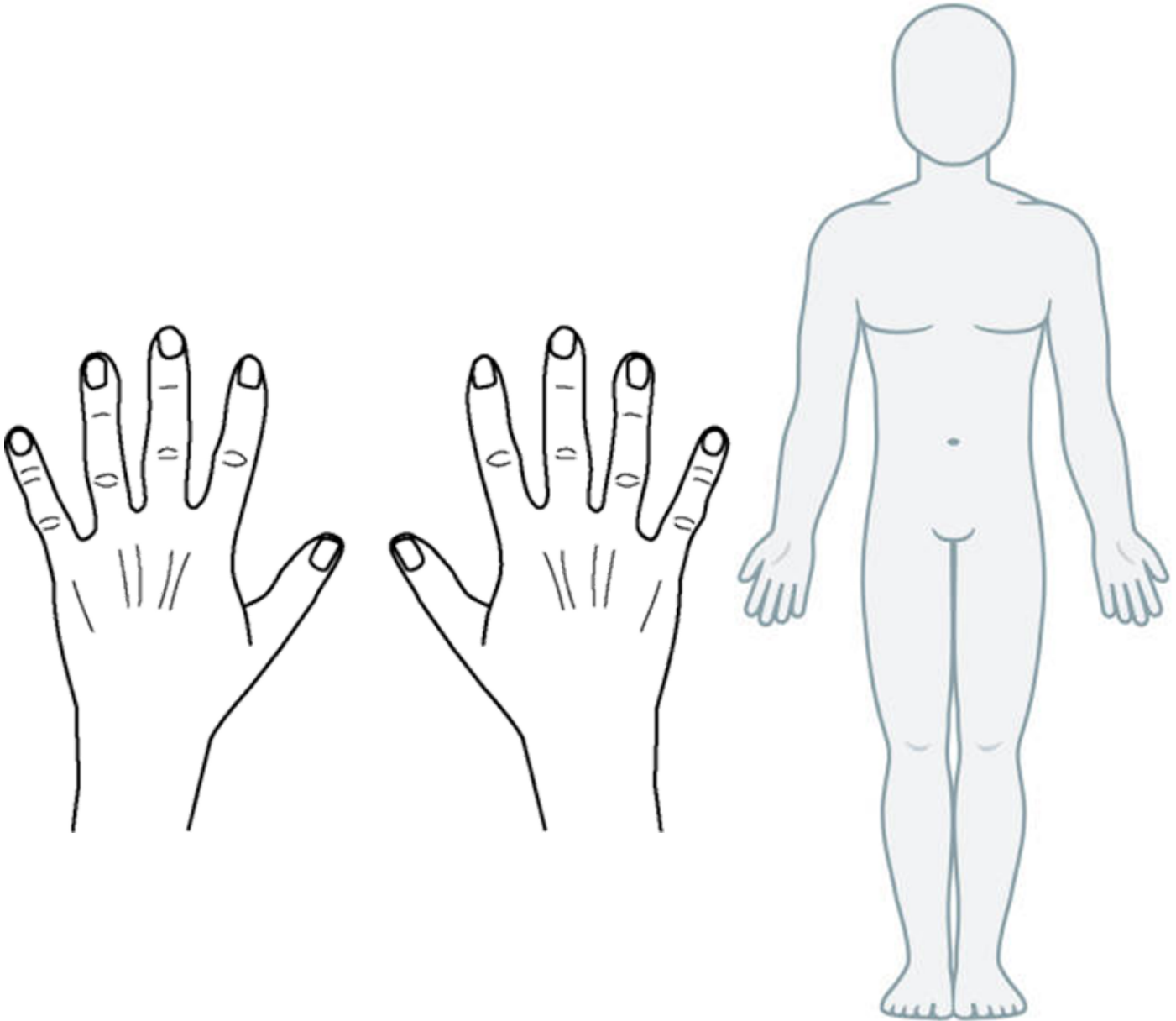


# Rheumatology Activity Assessment

Name: \_\_\_\_\_ Date of birth: \_\_\_\_\_ Today's date: \_\_\_\_\_

What is the main reason for your visit today? .....

Circle the areas on the body and hands that represent your pain and swelling.



What is your pain level today? (0-10) .....

How long do you have joint stiffness in the morning? .....