

RAPID3 ASSESSMENT

PLEASE CHECK THE ONE BEST ANSWER FOR YOUR ABILITIES AT THIS TIME:

OVER THE LAST WEEK were you able to	Without 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?				
Get in and out of a car, bus, train, or airplane?				
Walk two miles or three kilometers, if you wish?				
Participate in recreational activities and sports as you would like, if you wish?				
Get a good night's sleep?				
Deal with feelings of anxiety or being nervous?				
Deal with feelings of depression or feeling blue?				

How much pain have you had because of your condition OVER THE PAST WEEK?

Scale: in increments of 0.5
0 = No Pain, 10 = Extreme Pain

Rating: _____

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

Scale: in increments of 0.5
0 = Very Well, 10 = Very Poorly

Rating: _____