To reproduce, follow the printing instructions.

Fold only on the dotted lines.

Rapid-3

Please answer every question

Compatible Note Form:
Rapid3 – Routine Assessment of Patient Index Data

Marking Instructions

Please use a #2 pencil.
Fill in the complete oval as shown...

PLEASE PRINT PATIENT'S LAST NAME

PATIENT'S FIRST NAME | MIDDLE INITIAL | PATIENT'S DATE OF BIRTH (Month / Day / Year)

1. Please mark the ONE best answer for your abilities at this time:

OVER THE LAST WEEK, were you able to:	Without ANY difficulty	With SOME difficulty	With MUCH difficulty	UNABLE to do
a. Dress yourself, including tying shoelaces and doing buttons?	⬭	⬭	⬭	⬭
b. Get in and out of bed?	⬭	⬭	⬭	⬭
please fold on dotted line				
c. Lift a full cup or glass to your mouth?	⬭	⬭	⬭	⬭
d. Walk outdoors on flat ground?	⬭	⬭	⬭	⬭
e. Wash and dry your entire body?	⬭	⬭	⬭	⬭
f. Bend down to pick up clothing from the floor?	⬭	⬭	⬭	⬭
g. Turn regular faucets on and off?	⬭	⬭	⬭	⬭
h. Get in and out of a car, bus, train, or airplane?	⬭	⬭	⬭	⬭
i. Walk two miles or three kilometers, if you wish?	⬭	⬭	⬭	⬭
j. Participate in recreational activities and sports as you would like, if you wish?	⬭	⬭	⬭	⬭
k. Get a good night's sleep?	⬭	⬭	⬭	⬭
l. Deal with feelings of anxiety or being nervous?	⬭	⬭	⬭	⬭
m. Deal with feelings of depression or feeling blue?	⬭	⬭	⬭	⬭

please fold on dotted line

2. How much pain have you had because of your condition OVER THE PAST WEEK? Please indicate below how severe your pain has been:

⬭ ⬭

0 0.5 1.0 1.5 2.0 2.5 3.0 3.5 4.0 4.5 5.0 5.5 6.0 6.5 7.0 7.5 8.0 8.5 9.0 9.5 10

No pain — **Pain as bad as it could be**

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

⬭ ⬭

0 0.5 1.0 1.5 2.0 2.5 3.0 3.5 4.0 4.5 5.0 5.5 6.0 6.5 7.0 7.5 8.0 8.5 9.0 9.5 10

Very well — **Very poorly**

For technical support, please contact PatientLink at ***Support@MyPatientLink.com.***