



Pain, fatigue, and physical limitation self-assessment*

Rate the following on a scale of 1-10 with 1 being the lowest (no pain/no problem) and 10 being the highest.

Pain: please choose the number that describes how much physical pain you have had due to disease or illness during the past week

0-10 _____

Fatigue: please choose the number that describes how much of a problem fatigue has been for you during the past week:

0-10 _____

Physical limitations: the following items are about activities you might do during a typical day. Does your health now limit you in these activities? If so, how much? Rate on a scale of 1-3:

- 1. Not at all
 - 2. Yes, a little
 - 3. Yes, a lot
-
- 1. Vigorous activities , such as running, lifting heavy objects, participation in strenuous sports 4
 - 2. Moderate activities, such as moving a table, pushing a vacuum cleaner, blowing, playing golf
 - 3. Lifting or carrying groceries
 - 4. Climbing several flights of stairs
 - 5. Climbing one flight of stairs
 - 6. Bending, kneeling, or stooping
 - 7. Walking more than a mile
 - 8. Walking several hundred yards
 - 9. Bathing or dressing yourself

Add up your total score and write your total physical limitations score here: _____

If your **Pain and/or Fatigue score are over 8**, or if you have any other concerns about your health, it may be advisable to consult your healthcare provider before beginning a new physical activity or program.

If your **Physical limitations score is over 22**, or you have any other concerns about your health, it may be advisable to consult your healthcare provider before beginning a new physical activity or program.

*Walkwithease leader guide, p. 207, Wwww.Arthritis.Org