

Arthritis History (FUNCTIONAL DECLINE)

HPI

- How long had you had arthritis?
- Which joints are involved
- How has it been over this period?
- Have more joints become involved?
- Symptoms from the arthritis
- **Pain**
- **Stiffness (morning, whole day)?**
- **Swelling**
- **Deformity**

Past history

Drugs:

- NSAIDS, other treatments
- side effects:
- weight gain,
- bruising,
- thin skin,
- diarrhea (bloody),
- ulcers?

FHx: any family members affected?

Social

- Smoke, drink
- Analgesia medications
- **ANY SOCIAL SUPPORTS? WHO HELPS YOU?**
- How is the **FINANCIAL SITUATION?**

- Job: impact of disease on job

- **ADL + IADL:**
- Can you **get out of bed** on your own?
- Can you **shower** by yourself?
- Can you **brush your own teeth**?
- Do you need help to go to the **toilet**?
- Can you cook your own **meals**?
- Can you use the **telephone**?
- Can you **drive** by yourself?
- Do you need help **shopping** for groceries
- Do you need help **cleaning** your home
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- **Living circumstances: married? Mortgage, children?**
- **Hobbies and impact of disease on hobbies.**
- **WHAT CONCERNS YOU MOST ABOUT THIS CONDITION?**

- **BEEN DEPRESSED?**