We are interested in learning how your illness affects your ability to function in daily life. Place an X in the box which best describes your usual abilities OVER THE PAST WEEK:

**Are you able to:**

<table>
<thead>
<tr>
<th>Activity</th>
<th>Without Any Difficulty (0)</th>
<th>With Some Difficulty (1)</th>
<th>With Much Difficulty (2)</th>
<th>Unable To Do (3)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Stand up from a straight chair?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Walk outdoors on flat ground?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Get on/off toilet?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Reach and get down a 5 pound object (such as a bag of sugar) from just above your head?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Open car doors?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Do outside work (such as yard work)?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Wait in a line for 15 minutes?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Lift heavy objects?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Move heavy objects?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Go up two or more flights of stairs?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Considering ALL THE WAYS THAT YOUR ILLNESS AFFECTS YOU, RATE HOW YOU ARE DOING on the following scale. Place an X in the box below that best describes how you are doing on a scale of 0-10.

**Patient Activity Scale-II (PAS-II)**

**We are also interested in learning whether or not you are affected by pain because of your illness.**

How much pain have you had because of your illness in the past week? Place an X in the box that best describes the severity of your pain on a scale of 0-10.

0 NO PAIN

10 SEVERE PAIN

Considering ALL THE WAYS THAT YOUR ILLNESS AFFECTS YOU, RATE HOW YOU ARE DOING on the following scale. Place an X in the box below that best describes how you are doing on a scale of 0-10.

**VERY WELL** 0

**VERY POOR** 10