

Self-tests, Contracts, and Diaries

Starting Point Self-test
 Scoring Instructions
Ending Point Self-test
 Scoring Instructions
Walk With Ease program Contract and Diary (6 weeks)
Blank Contract
Blank Walking Diary

Starting Point Self-test

Pain

Please circle the number that describes how much physical pain your arthritis has caused during the past week.

0 1 2 3 4 5 6 7 8 9 10
No pain As bad
as it can be

Fatigue

Please circle the number that describes how much of a problem fatigue has been for you during the past week.

0 1 2 3 4 5 6 7 8 9 10
No problem A major
problem

Physical Limitations

The following items are about activities you might do during a typical day. Circle one number on each line that best refers to your abilities.

<i>Does your health limit you in:</i>	Not at all	Very little	Some-what	Quite a lot	Unable to do
Doing vigorous activities (running, lifting heavy objects)?	1	2	3	4	5
Walking more than a mile?	1	2	3	4	5
Climbing one flight of stairs?	1	2	3	4	5
Lifting or carrying groceries?	1	2	3	4	5
Bending, kneeling, or stooping?	1	2	3	4	5

<i>Are you able to:</i>	No difficulty	Little difficulty	Some difficulty	Much difficulty	Unable to do
Do chores such as vacuuming or yard work?	1	2	3	4	5
Dress yourself, including tying shoe laces and doing buttons?	1	2	3	4	5
Shampoo your hair?	1	2	3	4	5
Wash and dry your body?	1	2	3	4	5
Get on and off the toilet?	1	2	3	4	5

Add up all the circled numbers and write your total Physical Limitations score in the box:

Based on PROMIS Physical Function Static Form, <http://www.nihpromis.org>

Starting Point Self-test Scoring Instructions

Pain

If your score was:

1–3 Pain is probably not your main concern. You may want to make pain management a lower priority for now and focus on other topics in the book.

4–7 Pain is probably an important concern for you. Many of the suggestions in this book will help you to reduce your pain. Information on pain management can be found in Chapters 4 and 6.

8–10 Pain is probably a main problem for you. Tell your health care practitioner that you're experiencing a lot of pain. Medication or a change in medication may help. Many of the suggestions in this book will help you to manage your pain. Information on pain management can be found in Chapters 4 and 6.

Fatigue

If your score was:

1–3 Fatigue is probably not your main concern. You may want to make fatigue management a lower priority for now and focus on other topics in the book.

4–7 Fatigue is probably an important concern for you. Many of the suggestions in this book will help you to reduce your fatigue. Information on

fatigue management can be found in Chapters 4 and 6.

8–10 Fatigue is probably a main problem for you. Tell your health care practitioner if you're experiencing a lot of fatigue. Some medications may cause fatigue. Information on fatigue management can be found in Chapters 4 and 6.

Physical Limitations

If your score was:

10–15 You probably don't have many physical limitations. Information in Chapter 5 and the exercises in Appendix B will give you ideas for improving your muscle flexibility, strength, and endurance.

16–30 You have some physical limitations, which can probably be improved if you increase your muscle flexibility, strength, and endurance. Chapter 5 and the exercises in Appendix B will give you ideas for improving your muscle flexibility, strength, and endurance.

31–50 You have many physical limitations. The good news is that consistent exercise will probably help you improve your physical activities. Information in Chapter 5 and the exercises in Appendix B may give you ideas for improving your muscle flexibility, strength, and endurance, but check with your health care practitioner for more suggestions.

Ending Point Self-test

Do you see any improvements from your Starting Point Self-test?

Pain

Please circle the number that describes how much physical pain your arthritis has caused during the past week.

0 1 2 3 4 5 6 7 8 9 10
 No As bad
 pain as it can be

Fatigue

Please circle the number that describes how much of a problem fatigue has been for you during the past week.

0 1 2 3 4 5 6 7 8 9 10
 No A major
 problem problem

Physical Limitations

The following items are about activities you might do during a typical day. Circle one number on each line that best refers to your abilities.

<i>Does your health limit you in:</i>	Not at all	Very little	Some-what	Quite a lot	Unable to do
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Walking more than a mile?	1	2	3	4	5
Climbing one flight of stairs?	1	2	3	4	5
Lifting or carrying groceries?	1	2	3	4	5
Bending, kneeling, or stooping?	1	2	3	4	5

<i>Are you able to:</i>	No difficulty	Little difficulty	Some difficulty	Much difficulty	Unable to do
Do chores such as vacuuming or yard work?	1	2	3	4	5
Dress yourself, including tying shoe laces and doing buttons?	1	2	3	4	5
Shampoo your hair?	1	2	3	4	5
Wash and dry your body?	1	2	3	4	5
Get on and off the toilet?	1	2	3	4	5

Add up all the circled numbers and write your total Physical Limitations score in the box:

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Ending Point Self-test Scoring Instructions

Pain

If your score was:

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Physical Limitations

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Contract

From (date): _____ To: _____

I, _____

plan to walk

_____ days a week

for _____ minutes a day or _____ (distance),

broken into _____ sessions.

I plan to walk _____

(time of day, e.g., at lunch, after dinner).

I will spend 3 to 5 minutes warming up and

4 to 5 minutes doing warm-up stretches

and 3 to 5 minutes cooling down and

7 to 9 minutes doing cool-down stretches.

When I get halfway through this program (week 3), my reward to myself will be:

When I complete this program, my reward to myself will be:

Signature: _____

Walking Diary

Week 1

Goal: ___ total minutes or ___ total distance for the week. How did I do each day?

Sunday

Monday

Tuesday

Wednesday

Thursday

Friday

Saturday

Starting Point Self-test Pain: _____ Fatigue: _____ Physical Limitations: _____

What's helping me to keep walking?

What's been a challenge for me to keep walking?

What information do I need to help me handle the challenges and where can I get it?

Week 2

Goal: ___ total minutes or ___ total distance for the week. How did I do each day?

Sunday

Monday

Tuesday

Wednesday

Thursday

Friday

Saturday

This week I chose this as my fitness measure: _____

My first fitness level is: _____

What's helping me to keep walking?

What's been a challenge for me to keep walking?

What information do I need to help me handle the challenges and where can I get it?

Week 3

Goal: ___ total minutes or ___ total distance for the week. How did I do each day?

138

Sunday

Monday

Tuesday

Wednesday

Thursday

Friday

Saturday

What's helping me to keep walking?

What's been a challenge for me to keep walking?

What information do I need to help me handle the challenges and where can I get it?

Did I remember to reward myself?

Week 4

Goal: ___ total minutes or ___ total distance for the week. How did I do each day?

Sunday

Monday

Tuesday

Wednesday

Thursday

Friday

Saturday

Now my fitness level is: _____

What's helping me to keep walking?

What's been a challenge for me to keep walking?

What information do I need to help me handle the challenges and where can I get it?

Week 5

Goal: ___ total minutes or ___ total distance for the week. How did I do each day?

140

Sunday

Monday

Tuesday

Wednesday

Thursday

Friday

Saturday

What's helping me to keep walking?

What's been a challenge for me to keep walking?

What information do I need to help me handle the challenges and where can I get it?

Week 6

Goal: ___ total minutes or ___ total distance for the week. How did I do each day?

Sunday

Monday

Tuesday

Wednesday

Thursday

Friday

Saturday

Ending Point Self-test: Pain:_____ Fatigue: _____ Physical Limitations: _____

Now my fitness level is: _____

What's helping me to keep walking?

What's been a challenge for me to keep walking?

What information do I need to help me handle the challenges and where can I get it?

Did I remember to reward myself?

(My review of all six weeks on the next page.)

Thinking about All Six Weeks

How did I do overall?

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What do I want to change?

Other notes:

Congratulations!

Week _____

Goal: ___ total minutes or ___ total distance for the week

Sunday

Monday

Tuesday

Wednesday

Thursday

Friday

Saturday

Starting/Ending Point Self-test: Pain: ___ Fatigue: ___ Physical Limitations: ___

Now my fitness level is: _____

What's helping me to keep walking?

What's been a challenge for me to keep walking?

What information do I need to help me handle the challenges and where can I get it?

Did I remember to reward myself?

