

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. Does your health now **limit** you in these activities? If so, how much? (Circle one number on each line.)

	Not at all	Yes, a little	Yes, a lot
Vigorous activities, such as running, lifting heavy objects, participating in strenuous sports	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
Moderate activities, such as moving a table, pushing a vacuum cleaner, bowling, or playing golf	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
Lifting or carrying groceries	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
Climbing several flights of stairs	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
Climbing one flight of stairs	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
Bending, kneeling, or stooping	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
Walking more than a mile	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
Walking several hundred yards	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
Walking one hundred yards	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
Bathing or dressing yourself	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3

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

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

- 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

- 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.
- 16–22** 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.
- 23–30** 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.

Self-Check

TEST YOUR KNOWLEDGE

Circle either “yes” or “no” for each of the following statements:

- Yes ☐ No ☐ I can name at least three reasons why walking is good for people.
- Yes ☐ No ☐ I know the key health questions to ask before starting a walking program.
- Yes ☐ No ☐ I can name the four components of the Walk With Ease Program.
- Yes ☐ No ☐ I understand why assessing my starting point for the Walk With Ease program can be useful to me.

RATE YOUR CONFIDENCE LEVEL

On a scale of 0 to 10 with “0” being not confident at all and “10” being totally confident, circle the number that represents how confident you are about the following things.

I feel confident that walking will be beneficial for me.

0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10 ☐

Not confident at allTotally confident

I feel confident that I can use my Starting Point SelfTest to adapt the **Walk With Ease** program to fit my needs.

0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10 ☐

Not confident at allTotally confident

NEXT STEPS

Could you answer yes to the statements above? Is your confidence level 7 or more? If so, congratulations! You’re ready to move on.

Each of the statements refers to a section of this chapter. If you answered no to any of them, you may wish to go back and review that section. If your confidence is low, review the sections you’re not sure about. You can also share questions or concerns with your friends who have arthritis and walk or with your health care practitioner. If you’re in a *Walk With Ease* group program, we recommend that you share your questions or concerns with your group leader and fellow participants.