

LUPUS IMPACT TRACKER™

Name _____

Date: _____

The **Lupus Impact Tracker** was developed to help you communicate effectively with your doctor about your lupus symptoms and how they may be impacting your life.

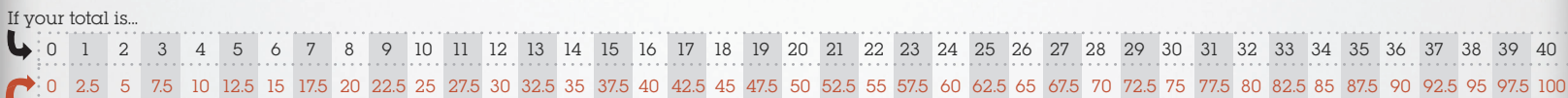
To complete the form, read each statement and circle the number in the response box that best describes your experience. Select only one response for each statement. **Be sure to answer the questions in the context of your lupus.**

Complete the **Lupus Impact Tracker** once every 4 weeks, and share the results with your doctor. Be sure to bring one completed form for each month since your last appointment.

During the past 4 weeks, how often did you experience the following due to your lupus?	None of the time	A little of the time	Some of the time	Most of the time	All of the time
1. I woke up feeling worn out	0	1	2	3	4
2. I felt pain and aching in my body	0	1	2	3	4
3. I was unable to perform my usual activities for long periods of time because of pain or fatigue	0	1	2	3	4
4. I was limited in fulfilling family responsibilities because of my physical health	0	1	2	3	4
5. My lupus interfered with my ability to plan activities and schedule events	0	1	2	3	4
6. I was anxious	0	1	2	3	4
7. I was depressed	0	1	2	3	4
8. I experienced difficulty concentrating	0	1	2	3	4
9. I was self-conscious about my appearance	0	1	2	3	4
10. My lupus medication(s) caused bothersome side effects	0	1	2	3	4
COLUMN SUBTOTALS	+	+	+	+	= TOTAL

How to score:

1. Add your responses in each column and write the number in the box at the bottom of each column.
2. Add the column subtotals along the bottom row to achieve your total. Place that number in the box to the right.
3. To determine your Lupus Impact score, refer to the chart below.



Your Lupus Impact score is...

How to use the score:

The lower your Lupus Impact score, the less impact lupus is having on your life. Share the score with your doctor to help discuss the impact lupus may be having on your life.

Lupus Impact Score is: _____