

Patient Questionnaire: Raynaud Condition Score (RCS)

Attacks	Duration (min)
0	
1	
2	
3	
4	
5	
6	
7	
8	
9	
10	
11	
12	
13	
14	
15	

Date

			Day
			Month
			Year

Pat. No.

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Pat. Initials

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Frequency and Duration of Attacks:

Please indicate the duration (in minutes) of each Raynaud attack that occurred today (if more than 15 attacks occur in one day please use a second page).

Raynaud-Index:

Please rate the difficulty you had today with your Raynaud's condition by circling the appropriate number below.

Please consider the following in choosing your score:

- the number of Raynaud attacks
- the duration of the attacks
- whether you had, for example, numbness, pain, burning, and tingling, and the effect cold had on your ability to use your hands and to perform other activities.

