IMACS FORM 03: PATIENT/PARENT GLOBAL ACTIVITY ASSESSMENT

Subject's IMACS number	
Assessor	
Assessor's relationship to subject: Patient	; Mother:; Father; Other (specify):
Date of assessment (mm/dd/yy)	
Assessment number	
these is disease activity, which is active	ed effects of many disease processes. One of inflammation in your/your child's muscles, skin, arts of your body, which can improve when
g ,	s affects you/your child, please rate the overall oday by placing a mark on the line below.
	+
No evidence of disease activity	Extremely active or severe disease activity