



UNIVERSITY OF  
**SOUTH CAROLINA**

## Request for Quotation

Page One

**THIS IS NOT AN ORDER**

**Purchasing Department | 1600 Hampton Street, Suite 606 | Columbia, SC 29208 | (803) 777-4115**

Quotation must be received no later than: <b>9:00 AM</b>	Send Quotation to above address at Attention of:  <b>Dennis Gallman</b>	Solicitation Number:  <b>USC-RFQ-3403-DG</b>	Posting Date:  <b>11 2 2018</b>
-------------------------------------------------------------	-------------------------------------------------------------------------------	----------------------------------------------------	---------------------------------------

Please quote your lowest delivered price of the item(s) listed below. The Purchasing Department reserves the right to reject any or all quotes and to waive any or all technicalities.

1. All Quotes must be signed by the vendor's representative per the terms noted. Failure to comply with these instructions may result in disqualification of the quote.
2. Faxed (803) 777-2032 or E-mailed (gallmand@mailbox.sc.edu) Quotes are acceptable and preferred.
3. This Quote conforms to the provisions of Procurement Code Section 11-35-1550.

<b>Vendor Name</b>			
<b>Vendor Address</b>			
<b>Phone Number</b>		<b>E-mail</b>	
<b>FEIN/SSN</b>		<b>SC Minority Cert No.</b>	
<b>Print Name</b>		<b>Signature</b>	

Item	Unit	Description of Supplies	Total Price
1		<b>Provide a Health Care Application.</b>	\$
		Quote only as specified. Do not include sales tax.	

**Deliveries shall be FOB Destination Freight Included. A faxed or e-mailed quote is acceptable.**

**Buyer: Dennis Gallman    Phone: (803) 777-4115    E-mail: gallmand@mailbox.sc.edu**

## TERMS AND CONDITIONS

All amendments to and interpretation of this RFQ shall be in writing. The procurement officer shall not be legally bound by any amendment or interpretation that is not in writing.

Any contract entered into by the University of South Carolina or its agencies resulting from this quotation shall be subject to cancellation at the end of any fiscal or appropriated year unless otherwise provided by law.

Payment will be made in accordance with Section 11-35-45 of the South Carolina Consolidated Procurement Code and Disbursement Regulations. Delay in receiving invoices, as well as errors and omissions on the invoices, will be considered just cause for withholding payment without losing discount privileges. The University reserves the right to withhold payment or make such deductions as may be necessary to protect the University from loss or damage because of defective work, claims, damages, or to pay for repair of correction of materials furnished hereunder.

Quoted prices must remain firm for a period of thirty days beyond the Request for Quotation deadline. Unit prices will govern over extended prices unless otherwise stated.

All materials and products offered must be guaranteed to meet and comply with the requirements of all specifications, terms, and conditions indicated in this solicitation.

Award will be made in accordance with Section 11-35-1550 of the South Carolina Consolidated Procurement Code.

The University reserves the right to: (1) reject any and all quotations and to cancel the solicitation; (2) waive any and all technicalities; (3) reject any quotation in which the delivery time indicated is of substantial length to cause disruption and/or delay in operation for which the item(s) is/are intended; (4) reject ambiguous quotations which are uncertain as to terms, delivery, quantity, or compliance with specifications.

The successful bidder assumes sole responsibility and shall hold harmless the University of South Carolina, its directors, officers, employees, and agents from and against any and all claims, actions, or liabilities of any nature which may be asserted against them by third parties in connection with the performance of the successful bidder, its directors, officers, employees, and agents under this agreement. The University of South Carolina agrees to accept responsibility for claims, actions, or liabilities resulting from negligent acts of its employees occurring within the scope of their employment which may be asserted against them by third parties in connection with the performance of the University of South Carolina, its members, directors, officers, employees, and agents under this agreement.

Contractor agrees not to refer to award of this contract in commercial advertising in such a manner to state or imply that the products or service provided are endorsed or preferred by the user.

Upon award of a contract under this solicitation, the person, partnership, association, or corporation to whom the award is made must comply with the laws of South Carolina that require such person or entity to be authorized and/or licensed to do business in this State. Notwithstanding the fact that applicable statutes may be exempt or exclude the successful offeror from requirements that it be authorized and/or licensed to do business in this State, by submission of this signed quote, the quoter agrees to subject itself to the jurisdiction and process of the courts of the State of South Carolina as to all matters and disputes arising or to arise under the contract and the performance thereof, including any questions as to the liability for taxes, licenses, or fees levied by the State.

The University of South Carolina requires all contractual activities to be performed in a manner that is consistent with all applicable federal, state and local laws, regulations, rules, rulings, and ordinances.

These include, but are not limited to: the Occupational safety and Health Act, The Environmental Protection Act, The South Carolina Hazardous Waste Management Act.

#### **DEFAULT**

The state may terminate this contract, or any part hereof, for cause in the event of any default by the contractor, or if the contractor fails to comply with any contract terms and conditions, or fails to provide the state, upon request, with adequate assurances of future performance. In the event of termination for cause, the state shall not be liable to the contractor for any amount for supplies or services not accepted, and the contractor shall be liable to the state for any and all rights and remedies provided by law. If it is determined that the state improperly terminated this contract for default, such termination shall be deemed a termination for convenience. In case of default by the contractor, the University of South Carolina reserves the right to purchase any or all items in default in the open market, charging the contractor with any additional costs. The defaulting contractor shall not be considered a responsible bidder until the assessed charge has been satisfied.

#### **TERMINATION FOR CONVENIENCE – SHORT FORM (JAN 2006)**

The Procurement Officer may terminate this contract in whole or in part, for the convenience of the State. In such a termination, the Procurement Officer may require the contractor to transfer title and deliver to the State in the manner and to the extent directed by the Procurement Officer: (a) any completed supplies; and (b) such partially completed supplies and materials, parts, tools, dies, jigs, fixtures, plans, drawings, information, and contract rights (hereinafter called “manufacturing material”) as the contractor has specifically produced or specially acquired for the performance of the terminated part of this contract. Upon such termination, the contractor shall (a) stop work to the extent specified, (b) terminate any subcontracts as they relate to the terminated work, and (c) be paid the following amounts without duplication, subject to the other terms of this contract: (i) contract prices for supplies or services accepted under the contract, (ii) costs incurred in performing the terminated portion of the work, and (iii) any other reasonable costs that the contractor can demonstrate to the satisfaction of the State, using its standard record keeping system, have resulted from the termination. The contractor shall not be paid for any work performed or costs incurred that reasonably could have been avoided. As a condition of payment, contractor shall submit within

three months of the effective date of the termination a claim specifying the amounts due because of the termination. The absence of an appropriate termination for convenience clause in any subcontract shall not increase the obligation of the state beyond what it would have been had the subcontract contained such a clause.

### **SHIPPING / RISK OF LOSS**

FOB Destination. Destination is the shipping dock of the University of South Carolina's designated receiving site, or other location, as specified herein.

### **HIPAA LAW**

The Contractor agrees that to the extent that some or all of the activities within the scope of this Contract are subject to the Health Insurance Portability Accountability Act of 1996, P.L. 104-91, as amended ("HIPAA"), or its implementing regulations, it will comply with the HIPAA requirements and will execute such agreements and practices as the University of South Carolina may require to ensure compliance. Additional information may be viewed at: <http://www.sa.sc.edu/shs/hipaa/>

### **PROTECTION OF HUMAN HEALTH AND THE ENVIRONMENT**

The University of South Carolina requires that all contractual activities to be in compliance with local, state and federal mandates concerning "protection of human health and the environment". In addition, the University of South Carolina is a "Drug Free Work Place" and requires all contractors to comply with South Carolina Code of Laws Section 41-15-10 ET sequence (1976 w/amendments). Any contractor doing business with the University will be required to document compliance with these mandates and to furnish specific information requested by the University's Department of Environmental Health and Safety when notified to do so. The Contractor understands and agrees that jobsites are open at all times work is being performed by the Contractor to authorized University employees who have been trained to identify unsafe work conditions. The Contractor will immediately correct any deficiencies noted by these inspections when requested by the University's Department of Environmental Health and Safety to do so. In work areas where a specific hazard is posed which includes but is not limited to lead paint and asbestos abatement projects, Contractors will be required to produce Lead Compliance Plans and Asbestos Project Designs which outline their method of work prior to the start of work. Each contractor shall designate a responsible member of the Contractor's organization to be at the site whose duty shall be the prevention of accidents. By submission of this bid, the vendor agrees to take all necessary steps to insure compliance with the requirements outlined above.

### **VENDOR IDENTIFICATION**

The University must have your Federal ID Number (company) or Social Security Number (individual) before processing any invoices for payment. Failure to provide this information will result in delay of payments until this information is received. Please include this information with your quote.

**WARRANTY – STANDARD (JAN 2006)**

Contractor must provide the manufacture's standard written warranty upon delivery of product. Contractor warrants that manufacturer will honor the standard written warranty provided.

**STATE OFFICE CLOSINGS (JAN 2004)**

If an emergency or unanticipated event interrupts normal government processes so that offers cannot be received at the government office designated for receipt of bids by the exact time specified in the solicitation, the time specified for receipt of offers will be deemed to be extended to the same time of day specified in the solicitation on the first work day on which normal government processes resume. In lieu of an automatic extension, an Amendment may be issued to reschedule bid opening. If state offices are closed at the time a pre-bid or pre-proposal conference is scheduled, an Amendment will be issued to reschedule the conference. Useful information may be available at: <http://www.scemd.org/planandprepare/disasters/severe-winter-weather>

**RELATIONSHIP OF THE PARTIES (JAN 2006):**

Neither party is an employee, agent, partner, or joint venturer of the other. Neither party has the right or ability to bind the other to any agreement with a third party or to incur any obligation or liability on behalf of the other party. [07-7B205-1]

**CODE OF LAWS AVAILABLE (JAN 2006):**

The South Carolina Code of Laws, including the Consolidated Procurement Code, is available at: <http://www.scstatehouse.gov/code/statmast.php> The South Carolina Regulations are available at: <http://www.scstatehouse.gov/coderegs/statmast.php> [02-2A040-2]

## **SPECIFICATIONS**

### **Scope of the work:**

- Attached is the original wireframe for the app. The wireframe shows screen by screen the content that should be contained in the app.
- The University of South Carolina have the programs that take the response to the survey and create the graphics displayed in the app
- Initially, the University would like to have an engineering prototype that works on either the Android or Apple platform with the intention of building the full application.
- The full application would need to include storage for the data that could integrate with any Electronic Medical Records system (EMR) in order to be scalable across the health care industry.

**BID SCHEDULE**

**USC-RFQ-3403-DG**

Item	Qty	Unit of Measure	Description		Price
1	1	Lot	Provide a Health Care Application. See attached specification and wireframe for the Application		\$ _____

Item	Qty	Unit of Measure	Description		Price
2	1	Lot	6 cost month to provide maintenance/tune-up services after the prototype is developed just in case modifications is required.		\$ _____

**Total (Items 1 & 2) \$** \_\_\_\_\_

**Resident Contractor Preference** \_\_\_\_\_

**Resident Sub-Contractor Preference (2%)** \_\_\_\_\_ **Number of Sub-Contractors**  
\_\_\_\_\_

**Resident Sub-Contractor Preference (4%)** \_\_\_\_\_ **Number of Sub-Contractors**  
\_\_\_\_\_

**Note:** The service preferences do not apply to a bid for an item of work by the bidder if the annual price of the bidder's work exceeds \$50,000 or the total potential price of the bidder's work exceeds \$500,000. [11-35-1524(E)(3)]

Please refer to the preference clauses listed in the additional conditions of this solicitation to ensure that you qualify to select the above preferences.

Bidder is to submit the following for preferences requested above:

- 1) Identify the subcontractor to perform the work:
- 2) Identify the work the subcontractor is to perform:
- 3) Bidder's factual basis for concluding that the subcontractor's work constitutes the required percentage of the work to be performed in the procurement.

### **ADDITIONAL CONDITIONS**

PREFERENCES - A NOTICE TO VENDORS (SEP. 2009): On June 16, 2009, the South Carolina General Assembly rewrote the law governing preferences available to in-state vendors, vendors using in-state subcontractors, and vendors selling in-state or US end products. This law appears in Section 11-35-1524 of the South Carolina Code of Laws. A summary of the new preferences is available at [www.procurement.sc.gov/preferences](http://www.procurement.sc.gov/preferences). ***ALL THE PREFERENCES MUST BE CLAIMED AND ARE APPLIED BY LINE ITEM, REGARDLESS OF WHETHER AWARD IS MADE BY ITEM OR LOT.*** VENDORS ARE CAUTIONED TO CAREFULLY REVIEW THE STATUTE BEFORE CLAIMING ANY PREFERENCES. THE REQUIREMENTS TO QUALIFY HAVE CHANGED. IF YOU REQUEST A PREFERENCE, YOU ARE CERTIFYING THAT YOUR OFFER QUALIFIES FOR THE PREFERENCE YOU'VE CLAIMED. IMPROPERLY REQUESTING A PREFERENCE CAN HAVE SERIOUS CONSEQUENCES. [11-35-1524(E)(4)&(6)]

PREFERENCES - RESIDENT CONTRACTOR PREFERENCE (SEP 2009): To qualify for the RCP, you must maintain an office in this state. An office is a nonmobile place for the regular transaction of business or performance of a particular service which has been operated as such by the bidder for at least one year before the bid opening and during that year the place has been staffed for at least fifty weeks by at least two employees for at least thirty five hours a week each. In addition, you must, at the time you submit your bid, directly employ, or have a documented commitment with, individuals domiciled in South Carolina that will perform services expressly required by the solicitation and your total direct labor cost for those individuals to provide those services must exceed fifty percent of your total bid price. [11-35-1524(C)(1)(iii)] Upon request by the procurement officer, you must identify the persons domiciled in South Carolina that will perform the services involved in the procurement upon which you rely in qualifying for the preference, the services those individuals are to perform, and documentation of the your labor cost for each person identified. If requested, your failure to provide this information promptly will be grounds to deny the preference (and, potentially, for other enforcement action).



PREFERENCES - RESIDENT SUBCONTRACTOR PREFERENCE (SEP 2009): To qualify for this preference, You must meet the following requirements. (1) You must -- at the time you submit your bid -- have a documented commitment from a single proposed first tier subcontractor to perform some portion of the services expressly required by the solicitation. (2) The subcontractor -- at the time you submit your bid -- must directly employ, or have a documented commitment with, individuals domiciled in South Carolina that will perform services expressly required by the solicitation and the total direct labor cost to the subcontractor for those individuals to provide those services exceeds, as applicable, either twenty percent for a 2% preference or forty percent of bidder's total bid price for a 4% preference. (3) You must identify the subcontractor that will perform the work, the work the subcontractor is to perform, and your factual basis for concluding that the subcontractor's work constitutes the required percentage of the work to be performed in the procurement. [11-35-1524(D)] You can stack this preference, i.e., earn another 2% or 4% preference for each additional qualifying subcontractor, but the preference is capped.

[11-35-1524(D)(4), (E)(7)] Upon request by the procurement officer, you must identify the persons domiciled in South Carolina that are to perform the services involved in the procurement upon which you rely in qualifying for the preference, the services those individuals are to perform, the employer of those persons, your relationship with the employer, and documentation of the subcontractor's labor cost for each person identified. If requested, your failure to provide this information promptly will be grounds to deny the preference (and, potentially, for other enforcement action). YOU WILL NOT RECEIVE THE PREFERENCE UNLESS YOU SPECIFY WHETHER YOU ARE CLAIMING THE 2% OR 4% PREFERENCE AND YOU PROVIDE THE INFORMATION REQUIRED BY ITEM (3) ABOVE.

SUBCONTRACTOR SUBSTITUTION PROHIBITED - RESIDENT SUBCONTRACTOR PREFERENCE (SEP 2009): If you receive an award as a result of the subcontractor preference, you may not substitute any business for the subcontractor upon which you relied to qualify for the preference, unless first approved in writing by the procurement officer. If you violate this provision, the State may terminate your contract for cause and you may be debarred. In addition, the procurement officer may require you to pay the State an amount equal to twice the difference between the price paid by the State and the price offered by the next lowest bidder, unless the substituted subcontractor qualifies for the preference. [11-35-1524(D)(5)(c)]

## MINORITY PARTICIPATION (JAN 2006)

Is the bidder a South Carolina Certified Minority Business? ☐ Yes ☐ NO

Is the bidder a Minority Business certified by another governmental entity? ☐ Yes ☐ NO

If so, please list the certifying governmental entity: \_\_\_\_\_

Will any of the work under this contract be performed by a SC certified Minority Business as a subcontractor? ☐ Yes ☐ NO

If so, what percentage of the total value of the contract will be performed by a SC certified Minority Business as a subcontractor? ☐ Yes ☐ NO

Will any of the work under this contract be performed by a minority business certified by another governmental entity as a subcontractor? ☐ Yes ☐ NO

If so, what percentage of the total value of the contract will be performed by a minority business certified by another governmental entity as a subcontractor? ☐ Yes ☐ NO

If a certified Minority Business is participating in this contract, please indicate all categories for which the Business is certified:

- ☐ Traditional minority
- ☐ Traditional minority, but female
- ☐ Women (Caucasian females)
- ☐ Hispanic minorities
- ☐ DOT referral (Traditional minority)
- ☐ DOT referral (Caucasian female)
- ☐ Temporary certification
- ☐ SBA 8 (a) certification referral
- ☐ Other minorities (Native American, Asian, etc.)

(If more than one minority contractor will be utilized in the performance of this contract, please provide the information above for each minority business.)

Take: Survey

Reflect &amp; Set: Goals &amp; Priorities

Track: My RA

Make: Notes

To deliver care that fits your needs and lifestyle, you and your doctor need to know how rheumatoid arthritis (RA) affects you. This survey asks questions to help determine "How is My RA Today."

Next

Over the last week, were you able to dress yourself including tying shoelaces and doing buttons?

Without Any  
Difficulty

With Some  
Difficulty

With Much  
Difficulty

Unable  
To Do

Previous

Save & Return

Over the last week, were you able to get in and out of bed?

Without Any  
Difficulty

With Some  
Difficulty

With Much  
Difficulty

Unable  
To Do

Previous

Save & Return

Over the last week, were you able to lift a full cup or glass to your mouth?

Without Any  
Difficulty

With Some  
Difficulty

With Much  
Difficulty

Unable  
To Do

Previous

Save & Return

Over the last week, were you able to walk outdoors on flat ground?

Without Any  
Difficulty

With Some  
Difficulty

With Much  
Difficulty

Unable  
To Do

Previous

Save & Return

Over the last week, were you able to wash and dry your entire body?

Without Any  
Difficulty

With Some  
Difficulty

With Much  
Difficulty

Unable  
To Do

Previous

Save & Return



Over the last week, were you able to bend down to pick up clothing from the floor?

Without Any  
Difficulty

With Some  
Difficulty

With Much  
Difficulty

Unable  
To Do

Previous

Save & Return

Over the last week, were you able to turn regular faucets on and off?

Without Any  
Difficulty

With Some  
Difficulty

With Much  
Difficulty

Unable  
To Do

Previous

Save & Return

Over the last week, were you able to get in and out of a car, bus, train, or airplane?

Without Any  
Difficulty

With Some  
Difficulty

With Much  
Difficulty

Unable  
To Do

Previous

Save & Return

Over the last week, were you able to walk two to three kilometers (1.5 miles), if you wish?

Without Any  
Difficulty

With Some  
Difficulty

With Much  
Difficulty

Unable  
To Do

Previous

Save & Return

Over the last week, were you able to participate in recreational activities and sports as you would like, if you wish?

Without Any  
Difficulty

With Some  
Difficulty

With Much  
Difficulty

Unable  
To Do

Previous

Save & Return

Over the last week, were you able to get a good night's sleep?

Without Any  
Difficulty

With Some  
Difficulty

With Much  
Difficulty

Unable  
To Do

Previous

Save & Return

Over the last week, were you able to deal with feelings of anxiety or being nervous?

Without Any  
Difficulty

With Some  
Difficulty

With Much  
Difficulty

Unable  
To Do

Previous

Save & Return

Over the last week, were you able to deal with feelings of depression or feeling blue?

Without Any  
Difficulty

With Some  
Difficulty

With Much  
Difficulty

Unable  
To Do

Previous

Save & Return



How much pain have you been in because of your condition over the past week?

0	No Pain
1	
2	
3	
4	
5	
6	
7	
8	
9	
10	Pain As Bad As It Could Be

Previous

Save & Return

Considering all the ways in which illness and health conditions may affect you at this time, please indicate how you are doing?

0  
Very  
Well

1

2

3

4

5

6

7

8

9

10  
Very  
Poorly[Previous](#)[Get "How is My RA" Today](#)

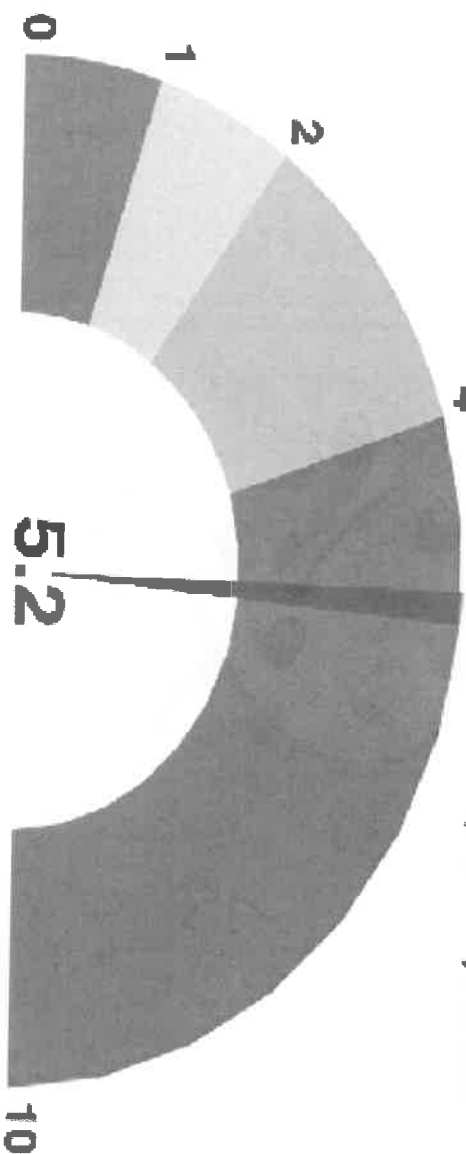
## "How is My RA" Today - 09/13/2018

Score of 0-1 (green) indicates your RA is well controlled.

Score of above 1 up to 2 (yellow) suggests RA has a low impact on your life.

Score of above 2 to 4 (orange) suggests RA has a moderate impact on your life.

Score above 4 (red) suggests RA has a significant impact on your life.



If RA is impacting your life, it may be improved by reflecting and setting lifestyle goals. Tracking your RA over time, making notes about how RA keeps you from achieving your goals, and sharing them with your doctor could help you achieve better management.

Reflect & Set: Goals & Priorities

Track: My RA

Make: Notes

Take: Survey

Reflect &amp; Set: Goals &amp; Priorities

Track: My RA

Make: Notes

To help select a RA treatment that is right for you, you need to reflect and express the goals for how you want to life your life to your doctor. You also need to talk about how important some common symptoms and side-effects of RA are to you.

Reflect: Past Goals & Priorities

Set: New Goals & Priorities

Note Set Button  
will take you to the  
first lifestyle goal  
question which is  
mock up 19

Take: Survey

Reflect &amp; Set: Goals &amp; Priorities

Track: My RA

Make: Notes

Reflect on past "Goals &amp; Priorities":

05/ 09 /2018



Here would be a drop down box showing all the dates for when the patient completed goals and priorities questions that previously occurred....

Get Past "Goals &amp; Priorities"

Take: Survey

Reflect &amp; Set: Goals &amp; Priorities

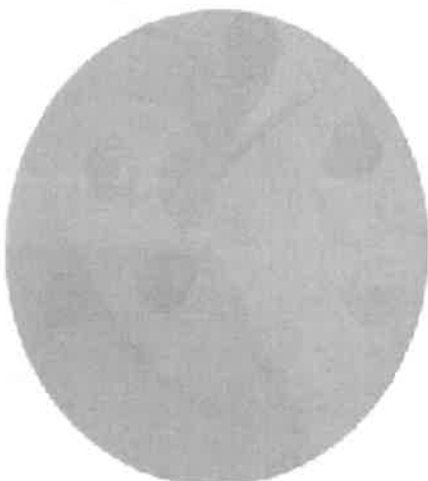
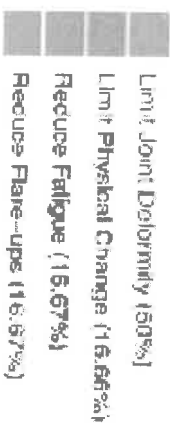
Track: My RA

Make: Notes

**My Lifestyle Goals:**  
05/09/2018

**My Priorities:**  
05/09/2018

- 1 . Caring for myself
- 2 . Gaining ease in mobility
- 3 . Improving sleep
- 4 . Improving ability to exercise
- 5 . Coping with depression

**Preference**

**Reflect More on Past Goals & Priorities**

**Make: Notes**

Take: Survey

Reflect &amp; Set: Goals &amp; Priorities

Track: My RA

Make: Notes

Think about how you want to live your life in the next 3 to 6 months. Rank these goals in order of their importance to you, with 1 marking what's most important. Please rank all 5.

1

Care for myself (dressing, combing hair, tying shoes)

2

Moving with ease (getting in and out of bed, etc.)

3

Getting an adequate amount of sleep

4

Exercise or engaging in recreational hobbies/activities

5

Cope with feelings of anxiety or depression

Save &amp; Return

Next

Consider the 4 symptoms and side-effects listed below that are commonly experienced by patients with RA. You have a total of 100 points. Assign points to each thing based on how much it matters to you. More points should go to things that are more important. You can put a zero for things that do not matter at all. The total number of points across the 4 things must sum to 100.

Reduce Number of Flare Ups

Reduce Swelling and slow joint deformity

Reduce Fatigue

Eliminates or reduces physical changes  
(such as: rash, hair loss, weight gain)

100

Must sum to 100

**Return to Goals****Set: Goals & Priorities**



## Today's Goals

09-13-2018

## Today's Priorities

09-13-2018

1. Caring for myself
2. Gaining ease in mobility
3. Improving sleep
4. Improving ability to exercise
5. Coping with depression



### Preference

	Limit Joint Deformity (50%)
	Limit Physical Change (16.66%)
	Reduce Fatigue (16.67%)
	Reduce Flare-ups (16.67%)

You should talk to your doctor about how RA affects your goals and how important managing common symptoms and side-effects are in achieving those goals. Making notes can help you remember to talk about those things during your visit.

Reflect: Past Goals & Priorities

Make: Notes

Take: Survey

Reflect & Set: Goals & Priorities

Track: My RA

Make: Notes

See "How was My RA" on:

05/09/2018



Get "How was My RA"

Track "How was My RA" Across Time

05/09/2018



to

09/13/2018



Get "How was My RA" Over Time

Here would be a drop down box showing dates for completed RAPID-3

Here user can select range of dates

Take: Survey

Reflect &amp; Set: Goals &amp; Priorities

Track: My RA

Make: Notes

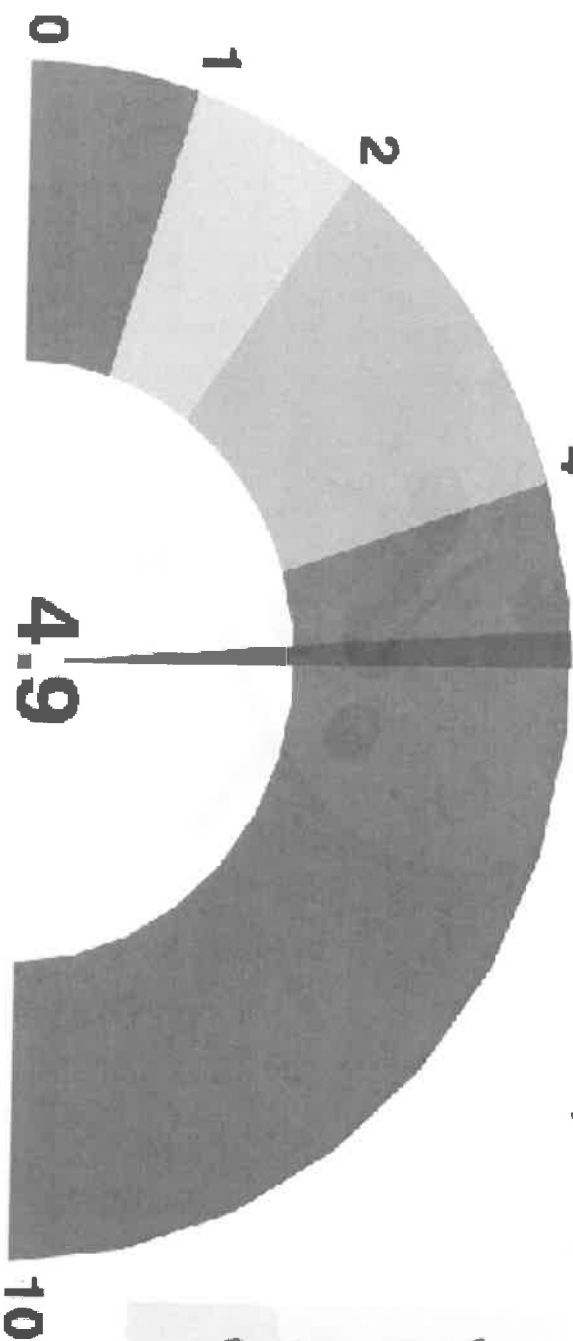
## How was My RA on 5/09/2018:

Score of 0-1 (green) indicates your RA is well controlled.

Score of above 1 up to 2 (yellow) suggests RA has a low impact on your life.

Score of above 2 to 4 (orange) suggests RA has a moderate impact on your life.

Score above 4 (red) suggests RA has a significant impact on your life.

[Return to Track: My RA](#)

So, if a user wanted more data from other dates they would return to Track:My RA...otherwise they can use the touch tool at the top to navigate to Reflect & Set, Make, etc....

Take: Survey

Reflect &amp; Set: Goals &amp; Priorities

Track: My RA

Make: Notes

See "How was My RA" on:

05/09/2018

Get "How was My RA"

Here would be a drop down box showing dates for completed RAPID-3 clicking any of those dates would give them the colorful gauge for that date. i.e. a snapshot in time

Track "How was My RA" Across Time

01/26/2018



to

07/02/2018



Get "How was My RA" Across Time

Here user can select date range to look at RAPID-3 scores over time

Take: Survey

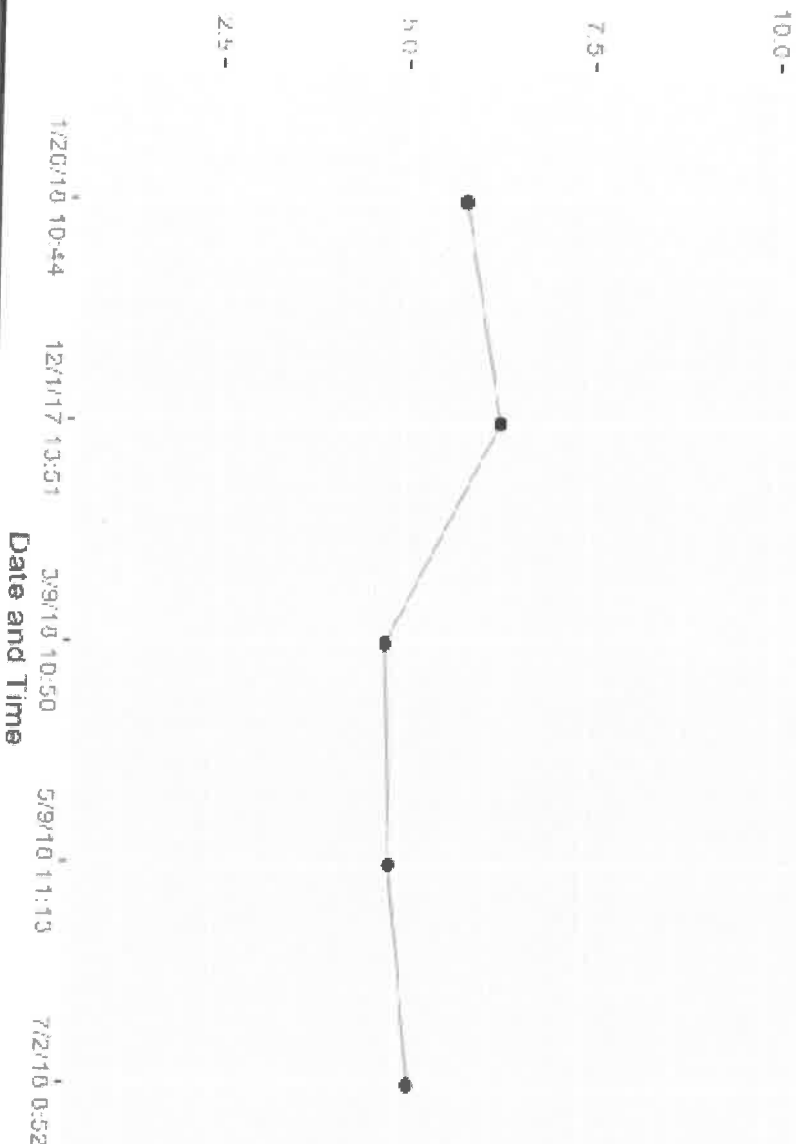
Reflect &amp; Set: Goals &amp; Priorities

Track: My RA

Make: Notes

How Was My RA from January 2018 to July 2018

How Was My RA



Tracking how your RA can help you explain to your doctor how RA is affecting your life. Use Make: Notes to remind you what you want to discuss in your next visit.

So, I like this basic R plot, I want to explore putting gauge colors and well-controlled, etc in the background

Take: Survey

Reflect & Set: Goals & Priorities

Track: My RA

Make: Notes

Making notes about how RA and side-effects of medications is affecting your life can help you remember to share them with your doctor.

Make: New Note

Get: Past Notes

05 / 09 / 2018



[Take: Survey](#)[Reflect & Set: Goals & Priorities](#)[Track: My RA](#)[Make: Notes](#)

Today's Notes: 09/13/2018

Please write things you want to share with your doctor.

1.

Type here

2.

3.

[Return to Notes](#)

Take: Survey

Reflect & Set: Goals & Priorities

Track: My RA

Make: Notes

Notes from: 05/09/2018

These were things you wanted to share:

1.

*concerned about weight gain, gained 12 pounds since last visit*

2.

3.

Return to Notes

Get: Past  
Notes would  
take you  
here.