

HAQ-II (Health Assessment Questionnaire-II)

We are interested in learning how your illness affects your ability to function in daily life. Place an X in the box which best describes your usual abilities **OVER THE PAST WEEK**. *Are you able to:*

	Without any difficulty (0)	With some difficulty (1)	With much difficulty (2)	Unable (3)
Get on and off the toilet?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Open car doors?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Stand up from a straight chair?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Walk outdoors on flat ground?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Wait in a line for 15 minutes?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reach and get down a 5-pound object (such as a bag of sugar) from just above your head?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Go up 2 or more flights of stairs?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do outside work (such as yard work)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lift heavy objects?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Move heavy objects?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

How much **PAIN** have you had because of your illness in the **PAST WEEK**?

No Pain (0) — (1) — (2) — (3) — (4) — (5) — (6) — (7) — (8) — (9) — (10) Very Severe Pain

How much of a **PROBLEM** has **UNUSUAL FATIGUE or TIREDNESS** been for you **OVER THE PAST WEEK**?

Fatigue is no Problem (0) — (1) — (2) — (3) — (4) — (5) — (6) — (7) — (8) — (9) — (10) Fatigue is a Severe Problem

How much of a **PROBLEM** has **SLEEPING** been for you **OVER THE PAST WEEK**?

Sleep is no problem (0) — (1) — (2) — (3) — (4) — (5) — (6) — (7) — (8) — (9) — (10) Sleep is a Severe Problem

How **ACTIVE** has your **ARTHRITIS** been in the **LAST 24 HOURS**?

Not Active (0) — (1) — (2) — (3) — (4) — (5) — (6) — (7) — (8) — (9) — (10) Very Active

When you get up in the **MORNING** do you feel **STIFF**? YES NO

If you answer YES, please write the number of minutes: _____, OR number of hours: _____ until you are as limber as you will be for the day?

ROUTINE ASSESSMENT OF PATIENT INDEX DATA

The RAPID3 includes a subset of core variables found in the Multi-Dimensional HAQ (MDHAQ). This portion of the MDHAQ includes an assessment of physical function (section 1), a patient global assessment (PGA) for pain (section 2), and a PGA for global health (section 3).

RAPID3 scores are quickly tallied by adding subsets of the MDHAQ as follows:

1. Please check the ONE best answer for your abilities at this time:				
OVER THE LAST WEEK, were you able to:	without ANY difficulty	with SOME difficulty	with MUCH difficulty	UNABLE to do
a. Dress yourself, including tying shoelaces and doing buttons?	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
b. Get in and out of bed?	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
c. Lift a full cup or glass to your mouth?	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
d. Walk outdoors on flat ground?	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
e. Wash and dry your entire body?	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
f. Bend down to pick up clothing from the floor?	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
g. Turn regular faucets on and off?	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
h. Get in and out of a car, bus, train, or airplane?	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
i. Walk two miles or three kilometers, if you wish?	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
j. Participate in recreational activities and sports as you would like, if you wish?	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
k. Get a good night's sleep?	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
l. Deal with feelings of anxiety or being nervous?	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
m. Deal with feelings of depression or feeling blue?	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3

2. How much pain have you had because of your condition OVER THE PAST WEEK? Please indicate below how severe your pain has been:	
NO PAIN	PAIN AS BAD AS IT COULD BE
○ 0	○ 10
○ 0.5	○ 8.5
○ 1.0	○ 7.0
○ 1.5	○ 5.5
○ 2.0	○ 4.0
○ 2.5	○ 2.5
○ 3.0	○ 1.0
○ 3.5	○ 0.5
○ 4.0	
○ 4.5	
○ 5.0	
○ 5.5	
○ 6.0	
○ 6.5	
○ 7.0	
○ 7.5	
○ 8.0	
○ 8.5	
○ 9.0	
○ 9.5	

3. Considering all the ways in which illness and health conditions may affect you at this time, please indicate below how you are doing:	
NO PAIN	PAIN AS BAD AS IT COULD BE
○ 0	○ 10
○ 0.5	○ 8.5
○ 1.0	○ 7.0
○ 1.5	○ 5.5
○ 2.0	○ 4.0
○ 2.5	○ 2.5
○ 3.0	○ 1.0
○ 3.5	○ 0.5
○ 4.0	
○ 4.5	
○ 5.0	
○ 5.5	
○ 6.0	
○ 6.5	
○ 7.0	
○ 7.5	
○ 8.0	
○ 8.5	
○ 9.0	
○ 9.5	

FN (1)

1 = 0.3 16 = 5.3
 2 = 0.7 17 = 5.7
 3 = 1.0 18 = 6.0
 4 = 1.3 19 = 6.3
 5 = 1.7 20 = 6.7
 6 = 2.0 21 = 7.0
 7 = 2.3 22 = 7.3
 8 = 2.7 23 = 7.7
 9 = 3.0 24 = 8.0
 10 = 3.3 25 = 8.3
 11 = 3.7 26 = 8.7
 12 = 4.0 27 = 9.0
 13 = 4.3 28 = 9.3
 14 = 4.7 29 = 9.7
 15 = 5.0 30 = 10.0

PN (2)

PTGE (3)

RAPID3

Category

HS = >12
 MS = 6.1-12
 LS = 3.1-6
 R = ≤ 3

CONVERSION TABLE

Near Remission (NR): 1=0.3; 2=0.7; 3=1.0
Low Severity (LS): 4=1.3; 5=1.7; 6=2.0

Moderate Severity (MS): 7=2.3; 8=2.7; 9=3.0; 10=3.3; 11=3.7; 12=4.0

High Severity (HS): 13=4.3; 14=4.7; 15=5.0; 16=5.3; 17=5.7; 18=6.0; 19=6.3; 20=6.7; 21=7.0; 22=7.3; 23=7.7; 24=8.0; 25=8.3; 26=8.7; 27=9.0; 28=9.3; 29=9.7; 30=10.0

HOW TO CALCULATE RAPID3 SCORES

- Complete questions 1, 2, and 3.
- For question 1, add up the scores in questions A through J only (questions K through M have been found to be informative, but are not scored formally). Use the formula in the box on the right to calculate the formal score (0-10). For example, a patient whose answers total 19 would score a 6.3. Enter this score as an evaluation of the patient's functional status (FN).
- For question 2, enter the raw score (0-10) in the box on the right as an evaluation of the patient's pain tolerance (PN).
- For question 3, enter the raw score (0-10) in the box on the right as an evaluation of the patient's global estimate (PTGE).
- Add the total score (0-30) from questions 1, 2, and 3 and enter them as the patient's RAPID3 cumulative score. Use the final conversion table to simplify the patient's weighted RAPID3 score. For example, a patient who scores 11 on the cumulative RAPID3 scale would score a weighted 3.7. A patient who scores between 0 and 1.0 is defined as near remission (NR); 1.3-2.0 as low severity (LS); 2.3-4.0 as moderate severity (MS); and 4.3-10.0 as high severity (HS).