# MDHAQ AND RAPID3

## PATIENT INSTRUCTION GUIDE

Learn how to track your Rheumatoid Arthritis Disease Activity using part of the Multi-Dimensional Health Assessment Questionnaire (MDHAQ, pronounced em-dee-HACK)

# WELCOME!

## This instruction guide is designed to help you become more involved with your rheumatoid arthritis (RA) care.

It will show you how to use the Multi-Dimensional Health Assessment Questionnaire (MDHAQ, pronounced em-dee-HACK) to calculate your RAPID3 score by answering 3 questions. RAPID3 turns your answers about how your RA is affecting you into a number score. This guide will also show you how to use this score to follow your RA disease activity over time.

Keeping track of your RAPID3 score as it changes over time and sharing this information with your healthcare team can improve discussions during your office visits, which helps your healthcare provider better manage your RA.

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#### Included separately:

Multi-Dimensional Health Assessment Questionnaire Includes the RAPID3 questions Healthcare providers understand the importance of listening to their patients and value your opinion. In the treat-to-target approach to managing RA, healthcare providers work with their patients who have RA to set goals of remission or lower disease activity. The RAPID3 score, in addition to physical exams, can show your progress toward your treatment goal.



## BACKGROUND ON MDHAQ AND RAPID3

#### [WHAT IS THE MDHAQ AND RAPID3?]

RAPID3 stands for Routine Assessment of Patient Index Data 3. It is a measure of RA disease activity. The RAPID3 score is made up of the answers to 3 questions located on the MDHAQ form. The 3 questions are about your RA symptoms and can be completed in 3 to 5 minutes. RAPID3 was developed by rheumatologists as a way to see changes in your RA symptoms. RAPID3 is one of several RA disease activity measures recommended by the Canadian Rheumatology Association.

The MDHAQ is a questionnaire about how your RA is affecting you. Three questions on this questionnaire are used to calculate your RAPID3 score and disease activity, and they are the only questions you will need to answer. These 3 questions ask about your physical function (FN), your level of pain (PN) and your overall estimation of how you are feeling (referred to as the patient global assessment [PTGL]). Please complete these questions on your own, based on how you feel.

Please note that answering the other questions on the MDHAQ form may be helpful to your healthcare provider and you are strongly encouraged to complete them. However, only questions #1, #2, and #6 are needed to calculate your RAPID3 score.

#### HOW DOES THE RAPID3 MEASURE DISEASE ACTIVITY?

RAPID3 scores place disease activity into 4 categories that estimate the severity of your disease. They include near remission (R), low severity (LS), moderate severity (MS), and high severity (HS). A chart describing these categories is located on the bottom of the RAPID3 scoring section on the MDHAQ form.

One of the most important uses of the RAPID3 score is to determine the severity level of your RA based on your ability to perform certain functions, the level of pain you feel and how you feel overall. Your disease severity is a useful measure in tracking your treatment progress, and it is important to your healthcare provider in planning your medical care.

#### [HOW ARE MY RAPID3 SCORES USED?]

Your healthcare provider can use your RAPID3 scores to better understand your disease activity level. With RA, a single measure or test to assess your disease severity or treatment progress, such as a blood pressure test for high blood pressure, does not exist. In order for your healthcare provider to assess your RA disease activity level, many things must be considered, such as your physical examination, certain laboratory or diagnostic tests and other medical conditions you may have in addition to your RA. Your RAPID3 scores provide your healthcare provider with another piece of information that can help him or her understand your disease activity level, which is important in determining the care you will receive.

#### [HOW DO I CORRECTLY ANSWER THE RAPID3 QUESTIONS?]

There are no wrong answers to these questions. Just answer them as best you can. Don't ask a healthcare provider or loved one to answer these questions for you—this is about your impressions of how you feel.

#### [WHEN SHOULD I FILL OUT THE QUESTIONNAIRE?]

It is recommended that you fill out the questionnaire on the day of an appointment with your doctor.

Every recording of your RAPID3 score and disease severity level—whether it's for an appointment with your doctor or a monthly self-check—may help you and your healthcare provider learn more about changes in your disease over time, which is important in making treatment decisions to help achieve your target of low disease activity level or near remission.

While keeping track of your disease activity level is important, calculating your RAPID3 score on the day of an appointment with your doctor is vital. Bringing your MDHAQ form with your completed RAPID3 score and current disease activity level will provide your healthcare provider with the most current information about your assessment of your RA disease activity.

## Keeping track of your RA disease activity is an individual decision

The important thing is that you are open and honest in sharing information about how you feel to help your healthcare provider do what is best for you. These patient education materials have been designed to help you do that. Your healthcare provider may find your RAPID3 score useful in managing your RA. Some healthcare providers use tests other than the RAPID3 to assess their patients' disease activity. If this is the case with your healthcare provider, they may decide not to use your RAPID3 scores and information. Feel free to continue tracking your RAPID3 scores on your own if you find it helpful in monitoring your disease activity.

[5]

# HOW TO COMPLETE THE RAPID3 QUESTIONS IN THE MDHAQ QUESTIONNAIRE

Questions #1, #2 and #6 on the MDHAQ form are the questions that make up the RAPID3. Your responses to these 3 questions are required to calculate your RAPID3 score. The instructions below will guide you through how to answer each question.

| <b>1.</b> Please check ( $\checkmark$ ) the <b>ONE</b> best answer for your abilities at t  | this time:                                 |  |   |  | MDHAQ EnV8 R86  |
|---|--|--|---|--|---|
| OVER THE PAST WEEK, were you able to:   | Without<br>ANY<br>difficulty               | With<br><b>SOME</b><br>difficulty  | With<br><b>MUCH</b><br>difficulty   | UNABLE<br>to do  | 5   |
| Dress yourself, including tying shoelaces and doing buttons?  |  | ☑ 1  |   |  | 1=0.3 16=5.3  |
| Get in and out of bed?  | □ 0  | □ 1  | 2   | □ 3  | 2=0.7 17=5.7<br>3=1.0 18=6.0                                    |
| Lift a full cup or glass to your mouth?   | 0  | □ 1  | □ 2   | □ 3  | 4=1.3 19=6.3<br>5=1.7 20=6.7 <b>D</b>                           |
| Walk outdoors on flat ground?   | 0  | <b>1</b>   | □ 2   | □ 3  | 6=2.0 21=7.0<br>7=2.3 22=7.3<br>8=2.7 23=7.7                    |
| Wash and dry your entire body?  | 0  | 🗹 1  | □ 2   | □ 3  | 9=3.0 24=8.0  |
| Bend down to pick up clothing from the floor?   | 0  | $\Box$ 1   | 2   | □ 3  | 10=3.3 25=8.3<br>11=3.7 26=8.7                                  |
| Turn regular faucets on and off?  |  | ☑ 1  | 2   | 3  | 12=4.0 27=9.0<br>13=4.3 28=9.3                                  |
| Get in and out of a car, bus, train, or airplane?   |  |  | 2   |  | 14=4.7 29=9.7<br>15=5.0 30=10                                   |
| Walk two miles?   |  |  | □ 2   | □ 3<br>☑ 3   | PN (2)  |
| Participate in sports and games as you would like?  |  |  |   |  |   |
| Get a good night's sleep?   |  | 1.1  | 2.2   | 3.3  |   |
|   |  | 1.1  | 2.2   | 3.3  |   |
| <ul> <li>Deal with feelings of depression or feeling blue?</li> <li>How much pain have you had because of your condition OV how severe your pain has been:</li> <li>NO PAIN 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0</li></ul>   | 0000<br>6.5 7 7.5 8<br><b>EK</b> , did you | 1.1 <b>ST WEEK?</b> F      O O O O      8.5 9 9.5 10      feel stiff?                            | 2.2 Please indicat PAIN AS IT COUL NO   | <ul> <li>3.3</li> <li>a below</li> <li>b below</li> <li>BAD AS</li> <li>D BE</li> <li>Yes</li> </ul>                                 | RAPID3  |
| <ul> <li>Deal with feelings of depression or feeling blue?</li> <li>2. How much pain have you had because of your condition OV how severe your pain has been:</li> <li>NO 0.5 1 1.5 2 2.5 3 3.5 4 4.5 5 5.5 6</li> <li>3. When you awakened in the morning OVER THE PAST WE If "Yes," please indicate the number of minutes, or I be for the day</li> <li>4. How much of a problem has UNUSUAL fatigue or tiredness Please indicate below:</li> </ul>   | O O O O O O O O O O O O O O O O O O O      | 1.1      T WEEK? F      O O O      85 9 9.5 10      feel stiff?      until you a      ou OVER TH | 2.2 Please indicat PAIN AS IT COUL No Ire as limber FATIGUE FATIGUE                             | 3.3     a se below     BAD AS     D BE     Yes     as you wil     EK?     IS A   | RAPID3<br>(0-30)<br>Category<br>HS=>12                          |
| <ul> <li>Deal with feelings of depression or feeling blue?</li> <li>2. How much pain have you had because of your condition OV how severe your pain has been:</li> <li>NO PAIN O O O O O O O O O O O O O O O O O O O</li></ul>  | C C C C C C C C C C C C C C C C C C C      |  | 2.2 Please indicat PAIN AS IT COUL ON ON FAIN AS IT COUL ON | 3.3     3.3     se below     BAD AS     D BE     Yes     as you wil     EK?     IS A     KOBLEM     Norse                            | RAPID3<br>(0-30)<br>Category                                    |
| <ul> <li>NO<br/>PAIN</li> <li>O 0 5 1 15 2 25 3 35 4 45 5 55 6</li> <li>When you awakened in the morning OVER THE PAST WE<br/>If "Yes," please indicate the number of minutes, or lobe for the day</li> <li>How much of a problem has UNUSUAL fatigue or tiredness<br/>Please indicate below:</li> <li>FATIGUE IS<br/>NO PROBLEM</li> <li>O 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0</li></ul>   | C C C C C C C C C C C C C C C C C C C      |  |   | 3.3     3.3     se below     BAD AS     D BE     Yes     as you wil     EK?     IS A     KOBLEM     Norse                            | RAPID3<br>(0-30)<br>Category<br>HS=>12<br>MS=6.1-12<br>LS=3.1-6 |
| <ul> <li>Deal with feelings of depression or feeling blue?</li> <li>2. How much pain have you had because of your condition OV how severe your pain has been:</li> <li>NO PAIN 000, 015 1 15 2 2,5 3 3,5 4 45 5 5,5 6</li> <li>3. When you awakened in the morning OVER THE PAST WE If "Yes," please indicate the number of minutes, or I be for the day</li> <li>4. How much of a problem has UNUSUAL fatigue or tiredness Please indicate below:</li> <li>FATIGUE IS 000, 0,5 1 1,5 2 2,5 3 3,5 4 45 5 5,5 6</li> <li>5. How do you feel TODAY compared to ONE WEEK AGO? (1) Much Better [, (2) Better [, (3) the Same []</li> <li>6. Considering all the ways in which illness and health conditio below how you are doing:</li> </ul> |  | 1.1  | 2.2 Please indicat PAIN AS IT COUL ON                       | 3.3     3.3     a below     BAD AS     D BE     Yes     as you wil     EK?     IS A     COBLEM     Norse      e indicate     t least | RAPID3<br>(0-30)<br>Category<br>HS=>12<br>MS=6.1-12<br>LS=3.1-6 |

### [A. Question #1] Physical Functioning

The first part of your RAPID3 form includes questions about your ability to perform certain physical function (FN) activities. You are asked to answer questions "A" through "J" under Question 1, as these questions are used to calculate your score for Question 1. Answer each of these questions about whether you can perform them without ANY difficulty, with SOME difficulty, with MUCH difficulty or if you are UNABLE to do them.

#### • [STEP 1]

Answer each question by checking the box that best describes how you feel. (For the questions that ask if you can walk 2 miles or participate in sports and games as you would like, please answer as best as you can. If you don't do those activities at this time, answer how difficult you think it would be if you *were* to participate in them).

#### [STEP 2]

When you have finished answering the questions A through J, add up the points using the numbers that appear to the right of the box. In the example, the responses result in 15 points.

#### --- [STEP 3]

Look at the long box to the right of Question 1 that contains the scoring boxes for the RAPID3. Under the FN box is a chart of numbers and what they equal divided by 3. Divide the number you calculated in Question 1 by 3 or use the chart under the FN (0-10) box to do the math for you. The number you get is your function FN (0-10) score. In this example, 15 points divided by 3 equals 5. Place 5 in the function FN (0-10) score. This is the first number that will be used to calculate your RAPID3 score.

## HOW TO COMPLETE THE RAPID3 QUESTIONS IN THE MDHAQ QUESTIONNAIRE (CONT'D)



| . Please check ( $\checkmark$ ) the <b>ONE</b> best answer for your abilities at  | this time:  |  |  |  | MDHAQ EnV8                 |
|---|---|--|--|--|----------------------------|
| OVER THE PAST WEEK, were you able to:   | Without<br>ANY<br>difficulty  | With<br><b>SOME</b><br>difficulty  | With<br><b>MUCH</b><br>difficulty  | UNABLE<br>to do  | FN(1)                      |
| Dress yourself, including tying shoelaces and doing buttons?  |   | <b>I</b> 1   | 2  | 3  |                            |
| Get in and out of bed?  | 0   | 1  | ☑ 2  | 3  |                            |
| .ift a full cup or glass to your mouth?   | ☑ 0   | 1  | 2  | 3  | 4=1.3 19=6<br>5=1.7 20=6   |
| Nalk outdoors on flat ground?   | 0   | <b>I</b> 1   | 2  | 3  | 6=2.0 21=7<br>7=2.3 22=7   |
| Nash and dry your entire body?  | 0   | V 1  | 2  | 3  | 8=2.7 23=7<br>9=3.0 24=8   |
| Bend down to pick up clothing from the floor?   | 0   | 1  | 2  | □ 3  |                            |
| Furn regular faucets on and off?  | 0   | <b>1</b>   | 2  | 3  | 12=4.0 27=9                |
| Get in and out of a car, bus, train, or airplane?   | 0   | 1  | 12   | □ 3  | 14=4.7 29=9<br>15=5.0 30=1 |
| Nalk two miles?   | 0   | 1  | 2  | 3  |                            |
| Participate in sports and games as you would like?  | 0   | 1  | 2  | <b>I</b> 3   | PN (2)                     |
| Get a good night's sleep?   | 0   | □ 1.1  | 2.2  | 3.3  | 1.5                        |
| Deal with feelings of anxiety or being nervous?   | 0   | 1.1  | 2.2  | 3.3  |                            |
| Deal with feelings of depression or feeling blue?   | 0   | 1.1  | 2.2  | 3.3  | PTGL(                      |
| . How much pain have you had because of your condition <b>OV</b>  | ER THE PAS  | ST WEEK?   | Please indica  | te below   |                            |
| <ul> <li>How much pain have you had because of your condition OV how severe your pain has been:         <ul> <li>NO PAIN</li> <li>O O O 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0</li></ul></li></ul> | 0000<br>6.5 7 7.5 8<br>EK, did you  | 0000<br>8.5 9 9.5 10<br>feel stiff?  | PAIN AS<br>IT COU  | BAD AS<br>LD BE  | RAPID<br>(0-30)            |
| how severe your pain has been:<br>NO<br>PAIN O O O O O O O O O O O O O O O O O O O  | 6.5 7 75 8<br>EEK, did you<br>hours<br>ss been for y<br>6.5 7 7.5 8<br>Please check | $\begin{array}{c} \bullet \bullet$ | PAIN AS<br>IT COU<br>No Control of the second seco | BAD AS<br>LD BE<br>' AS you will<br>EEK?<br>E IS A<br>ROBLEM |                            |

### [B. Question #2] Pain

This section of the RAPID3 form is designed to measure your level of pain (PN).

#### -• [STEP 1]

Choose the circle that relates to the pain you are feeling, with "0" being no pain and "10" being pain as bad as it could be. After you select the circle that best describes the pain you are feeling, locate the number below the circle and enter this number in the box to the right labelled PN (0-10) for pain.

In the example above, 1.5 was chosen, which is the pain (PN) score. Place 1.5 in the PN (0-10) box. This will be the second number used to calculate your RAPID3 score.

## HOW TO COMPLETE THE RAPID3 QUESTIONS IN THE MDHAQ QUESTIONNAIRE (CONT'D)



| Name: Date  | of Birth: To   |   |  |   |  |
|---|--|---|--|---|--|
| . Please check ( $\checkmark$ ) the <b>ONE</b> best answer for your a   | bilities at this time:   |   |  |   | MDHAQ EnV8   |
| OVER THE PAST WEEK, were you able to:   | Without<br>ANY<br>difficulty   | With<br><b>SOME</b><br>difficulty   | With<br><b>MUCH</b><br>difficulty  | UNABLE<br>to do   | 5  |
| Dress yourself, including tying shoelaces and doing b   |  | I I   | □ 2  | 3   | . 1=0.3 16=  |
| Get in and out of bed?  | 0  | 1   | 2  | 3   | 2=0.7 17=<br>3=1.0 18=   |
| ift a full cup or glass to your mouth?  | ☑ 0  | □ 1   | 2  | 3   | 4=1.3 19<br>5=1.7 20   |
| Nalk outdoors on flat ground?   | 0  | <b>1</b>  | 2  | 3   | 6=2.0 21=<br>7=2.3 22=   |
| Nash and dry your entire body?  | 0  | ☑ 1   | 2  | 3   | 8=2.7 23=<br>9=3.0 24=   |
| Bend down to pick up clothing from the floor?   | 0  | 1   | 2  | 3   | 10=3.3 25=<br>11=3.7 26=   |
| Furn regular faucets on and off?  | 0  | 1   | 2  | 3   | 12=4.0 27=<br>13=4.3 28=   |
| Get in and out of a car, bus, train, or airplane?   | 0  | 1   | 2  | 3   | - <u>14=4.7</u> 29=<br>15=5.0 30=  |
| Nalk two miles?   | 0  | 1   | 2  | 3   | - PN (2  |
| Participate in sports and games as you would like?  | 0  | 1   | 2  | ☑ 3   |  |
| Get a good night's sleep?   | 0  | 1.1   | 2.2  | 3.3   | 1.5  |
| Deal with feelings of anxiety or being nervous?   | 0  | 1.1   | 2.2  | 3.3   |  |
| Deal with feelings of depression or feeling blue?   | 0  | 1.1   | 2.2  | 3.3   | PTGL   |
| how severe your pain has been:<br>NO<br>PAIN O O O O O O O O O O O O O O O O O O O  | 5 5.5 6 6.5 7 7.5 8<br>PAST WEEK, did you  | 8.5 9 9.5 10<br>feel stiff?   | IT COU   | LD BE   | RAPIE<br>(0-30   |
| NO PAIN $0$ $0$ $0$ $0$ $0$ $0$ $0$ $0$ $0$ $0$   | 5 5.5 6 6.5 7 7.5 8<br><b>PAST WEEK</b> , did you<br>, or hours  | 8.5 9 9.5 10<br>feel stiff?<br>until you a  | IT COU   | LD BE<br>] <b>Yes</b><br>r as you wil                                     | (0-30<br><u>Catego</u>   |
| <ul> <li>NO PAIN 0 0.5 1 1.5 2 2.5 3 3.5 4 4.5</li> <li>When you awakened in the morning OVER THE If "Yes," please indicate the number of minutes be for the day</li> <li>How much of a problem has UNUSUAL fatigue of the day</li> </ul>   | 5     5.5     6     6.5     7     7.5     8       PAST WEEK, did you    , or hours         or tiredness been for y       O     O     O     O   | a.5 9 9.5 10<br>feel stiff?<br>until you a<br>rou <b>OVER TH</b>  | IT COU   | LD BE<br>] Yes<br>r as you wil<br>EEK?<br>E IS A                          | (0-30)<br>(0-30)<br>(0-30)<br>(0-30)<br>(0-30)<br>(0-30)<br>(0-30)<br>(0-30)<br>(0-30)<br>(0-30)<br>(0-30)<br>(0-30)<br>(0-30)<br>(0-30)<br>(0-30)<br>(0-30)<br>(0-30)<br>(0-30)<br>(0-30)<br>(0-30)<br>(0-30)<br>(0-30)<br>(0-30)<br>(0-30)<br>(0-30)<br>(0-30)<br>(0-30)<br>(0-30)<br>(0-30)<br>(0-30)<br>(0-30)<br>(0-30)<br>(0-30)<br>(0-30)<br>(0-30)<br>(0-30)<br>(0-30)<br>(0-30)<br>(0-30)<br>(0-30)<br>(0-30)<br>(0-30)<br>(0-30)<br>(0-30)<br>(0-30)<br>(0-30)<br>(0-30)<br>(0-30)<br>(0-30)<br>(0-30)<br>(0-30)<br>(0-30)<br>(0-30)<br>(0-30)<br>(0-30)<br>(0-30)<br>(0-30)<br>(0-30)<br>(0-30)<br>(0-30)<br>(0-30)<br>(0-30)<br>(0-30)<br>(0-30)<br>(0-30)<br>(0-30)<br>(0-30)<br>(0-30)<br>(0-30)<br>(0-30)<br>(0-30)<br>(0-30)<br>(0-30)<br>(0-30)<br>(0-30)<br>(0-30)<br>(0-30)<br>(0-30)<br>(0-30)<br>(0-30)<br>(0-30)<br>(0-30)<br>(0-30)<br>(0-30)<br>(0-30)<br>(0-30)<br>(0-30)<br>(0-30)<br>(0-30)<br>(0-30)<br>(0-30)<br>(0-30)<br>(0-30)<br>(0-30)<br>(0-30)<br>(0-30)<br>(0-30)<br>(0-30)<br>(0-30)<br>(0-30)<br>(0-30)<br>(0-30)<br>(0-30)<br>(0-30)<br>(0-30)<br>(0-30)<br>(0-30)<br>(0-30)<br>(0-30)<br>(0-30)<br>(0-30)<br>(0-30)<br>(0-30)<br>(0-30)<br>(0-30)<br>(0-30)<br>(0-30)<br>(0-30)<br>(0-30)<br>(0-30)<br>(0-30)<br>(0-30)<br>(0-30)<br>(0-30)<br>(0-30)<br>(0-30)<br>(0-30)<br>(0-30)<br>(0-30)<br>(0-30)<br>(0-30)<br>(0-30)<br>(0-30)<br>(0-30)<br>(0-30)<br>(0-30)<br>(0-30)<br>(0-30)<br>(0-30)<br>(0-30)<br>(0-30)<br>(0-30)<br>(0-30)<br>(0-30)<br>(0-30)<br>(0-30)<br>(0-30)<br>(0-30)<br>(0-30)<br>(0-30)<br>(0-30)<br>(0-30)<br>(0-30)<br>(0-30)<br>(0-30)<br>(0-30)<br>(0-30)<br>(0-30)<br>(0-30)<br>(0-30)<br>(0-30)<br>(0-30)<br>(0-30)<br>(0-30)<br>(0-30)<br>(0-30)<br>(0-30)<br>(0-30)<br>(0-30)<br>(0-30)<br>(0-30)<br>(0-30)<br>(0-30)<br>(0-30)<br>(0-30)<br>(0-30)<br>(0-30)<br>(0-30)<br>(0-30)<br>(0-30)<br>(0-30)<br>(0-30)<br>(0-30)<br>(0-30)<br>(0-30)<br>(0-30)<br>(0-30)<br>(0-30)<br>(0-30)<br>(0-30)<br>(0-30)<br>(0-30)<br>(0-30)<br>(0-30)<br>(0-30)<br>(0-30)<br>(0-30)<br>(0-30)<br>(0-30)<br>(0-30)<br>(0-30)<br>(0-30)<br>(0-30)<br>(0-30)<br>(0-30)<br>(0-30)<br>(0-30)<br>(0-30)<br>(0-30)<br>(0-30)<br>(0-30)<br>(0-30)<br>(0-30)<br>(0-30)<br>(0-30)<br>(0-30)<br>(0-30)<br>(0-30)<br>(0-30)<br>(0-30)<br>(0-30)<br>(0-30)<br>(0-30)<br>(0-30)<br>(0-30)<br>(0-30)<br>(0-30)<br>(0-30)<br>(0-30)<br>(0-30)<br>(0-30)<br>(0-30)<br>(0-30)<br>(0-30)<br>(0-30)<br>(0-30)<br>(0-30)<br>(0-30)<br>(0-30)<br>(0-30)<br>(0-30)<br>(0-30)<br>(0-30)<br>(0-30)<br>(0-30)<br>(0-30)<br>(0-30)<br>(0-30)<br>(0-30)<br>(0-30)<br>(0-30)<br>(0-30)<br>(0-30)<br>(0-30)<br>(0-30)<br>(0-30)<br>(0-30)<br>(0-30)<br>(0-30)<br>(0-30)<br>(0-30)<br>(0-30)<br>(0-30)<br>(0-30)<br>(0-30)<br>(0-30)<br>(0-30)<br>(0-30)<br>(0-30)<br>(0-30)<br>(0-30)<br>(0-30)<br>(0-30)<br>(0-30)<br>(0-30)<br>(0-30)<br>(0-30)<br>(0-30)<br>(0-30)<br>(0-30)<br>(0-30)<br>(0-30)<br>(0-30)<br>(0-30)<br>(0-30)<br>(0-30)<br>(0-30)<br>(0-30)<br>(0-30)<br>(0-30)<br>(0-30)<br>(0-30)<br>(0 |
| <ul> <li>NO PAIN</li> <li>O O O O O O O O O O O O O O O O O O O</li></ul>   | 5       5.5       6       6.5       7       7.5       8 <b>PAST WEEK</b> , did you      , or hours   | 8.5       9       9.5       10         feel stiff?  | IT COU<br>NO C<br>IT COU<br>IT COU   | LD BE<br>) Yes<br>r as you wil<br>EEK?<br>E IS A<br>ROBLEM                | (0-30)<br>(0-30)<br>(0-30)<br>(0-30)<br>(0-30)<br>(0-30)<br>(0-30)<br>(0-30)<br>(0-30)<br>(0-30)<br>(0-30)<br>(0-30)<br>(0-30)<br>(0-30)<br>(0-30)<br>(0-30)   |
| <ul> <li>NO<br/>PAIN</li> <li>O O O S 1 15 2 25 3 35 4 45</li> <li>When you awakened in the morning OVER THE<br/>If "Yes," please indicate the number of minutes<br/>be for the day</li> <li>How much of a problem has UNUSUAL fatigue of<br/>Please indicate below:</li> <li>FATIGUE IS<br/>NO PROBLEM</li> <li>O O O O O O O O O O O O O O O O O O O</li></ul>  | 5 5.5 6 6.5 7 7.5 8<br>PAST WEEK, did you<br>, or hours<br>or tiredness been for y<br>5 5.5 6 6.5 7 7.5 8<br>EK AGO? Please check<br>the conditions may affe   | 8.5       9       9.5       10         feel stiff?  | IT COU<br>INO INO<br>IT COU<br>IT CO   | LD BE Yes r as you wil EEK? E IS A ROBLEM Worse                           | II (0-30<br>HS=>12<br>MS=6.1<br>LS=3.1<br>R=≤3   |
| NO<br>PAIN       O<   | 5 5.5 6 6.5 7 7.5 8<br><b>PAST WEEK</b> , did you<br>, or hours<br>or tiredness been for y<br>5 5.5 6 6.5 7 7.5 8<br><b>EK AGO</b> ? Please check<br>th conditions may affer<br>5 5.5 6 6.5 7 7.5 8  | 8.5       9       9.5       10         feel stiff?       until you a         rou       OVER TH         0       0       0         8.5       9       9.5       10         k (✓) only or Jorse □,       0       0       0         ect you at this       0       0       0         8.5       9       9.5       10   | <ul> <li>IT COU</li> <li>No</li> <li>No</li> <li>re as limber</li> <li>IE PAST W</li> <li>FATIGUI<br/>MAJOR P</li> <li>ne.</li> <li>(5) Much</li> <li>s time, please</li> <li>VERY<br/>POORLY</li> </ul>   | LD BE Yes r as you wil EEK? E IS A ROBLEM Worse se indicate C-            | II (0-30<br>HS=>12<br>MS=6.1<br>LS=3.1<br>R=≤3   |
| <ul> <li>NO<br/>PAIN</li> <li>O O O S 1 15 2 25 3 35 4 45</li> <li>When you awakened in the morning OVER THE<br/>If "Yes," please indicate the number of minutes<br/>be for the day</li> <li>How much of a problem has UNUSUAL fatigue of<br/>Please indicate below:</li> <li>FATIGUE IS<br/>NO PROBLEM</li> <li>O O O O O O O O O O O</li> <li>Much Better  , (2) Better  , (3) th</li> <li>Considering all the ways in which illness and heal<br/>below how you are doing:</li> </ul>   | 5 5.5 6 6.5 7 7.5 8 PAST WEEK, did you, or hours or tiredness been for y   | as 9 9.5 10<br>feel stiff?<br>until you a<br>fou OVER TH<br>0 0 0 0<br>1 0 0 0 0 0 0 0<br>1 0 0 0 0 0 0 0 0<br>1 0 0 0 0 0 0 0 0<br>1 0 0 0 0 0 0 0 0 0 0<br>1 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 | IT COU<br>INO INO<br>IT COU<br>IT COU<br>I | LD BE I Yes r as you wil EEK? E IS A ROBLEM Worse se indicate C- at least | II (0-30<br>HS=>12<br>MS=6.1<br>LS=3.1<br>R=≤3   |
| NO<br>PAIN       0       0       0       1       15       2       25       3       35       4       45         3.       When you awakened in the morning OVER THE<br>If "Yes," please indicate the number of minutes<br>be for the day       1       15       2       25       3       35       4       45         4.       How much of a problem has UNUSUAL fatigue of<br>Please indicate below:       FATIGUE IS<br>NO PROBLEM       0 </td <td>5 55 6 65 7 75 8<br/>PAST WEEK, did you<br/>, or hours<br/>or tiredness been for y<br/>5 55 6 65 7 75 8<br/>EK AGO? Please check<br/>th conditions may affer<br/>5 55 6 65 7 75 8<br/>increased heart rate, so<br/>yone.<br/>k <math>\square</math> 1-2 times per in<br/>gularly<br/>eck (<math>\checkmark</math>) NO or YES –<br/>Yes Change(s</td> <td>as 9 9.5 10<br/>feel stiff?<br/>until you a<br/>fou OVER TH<br/>0 0 0 0<br/>1 0 0 0 0 0 0<br/>1 0 0 0 0 0<br/>1 0 0 0 0 0 0<br/>1 0 0 0 0 0 0<br/>1 0 0 0 0 0 0 0<br/>1 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0</td> <td>IT COU<br/>I No I<br/>I PAST W<br/>FATIGUI<br/>MAJOR P<br/>ne.<br/>(5) Much<br/>s time, pleas<br/>VERY<br/>POORLY<br/>oreath) for a<br/>not exercise<br/>t leave blar<br/>protother men</td> <td>LD BE I Yes r as you wil EEK? E IS A ROBLEM Worse Ge indicate at least re</td> <td>II (0-30<br/>HS=&gt;1:<br/>MS=6.1<br/>LS=3.1<br/>R=≤3</td> | 5 55 6 65 7 75 8<br>PAST WEEK, did you<br>, or hours<br>or tiredness been for y<br>5 55 6 65 7 75 8<br>EK AGO? Please check<br>th conditions may affer<br>5 55 6 65 7 75 8<br>increased heart rate, so<br>yone.<br>k $\square$ 1-2 times per in<br>gularly<br>eck ( $\checkmark$ ) NO or YES –<br>Yes Change(s | as 9 9.5 10<br>feel stiff?<br>until you a<br>fou OVER TH<br>0 0 0 0<br>1 0 0 0 0 0 0<br>1 0 0 0 0 0<br>1 0 0 0 0 0 0<br>1 0 0 0 0 0 0<br>1 0 0 0 0 0 0 0<br>1 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0                | IT COU<br>I No I<br>I PAST W<br>FATIGUI<br>MAJOR P<br>ne.<br>(5) Much<br>s time, pleas<br>VERY<br>POORLY<br>oreath) for a<br>not exercise<br>t leave blar<br>protother men   | LD BE I Yes r as you wil EEK? E IS A ROBLEM Worse Ge indicate at least re | II (0-30<br>HS=>1:<br>MS=6.1<br>LS=3.1<br>R=≤3   |
| NO<br>PAIN       0<   | 5       5.5       6       6.5       7       7.5       8         PAST WEEK, did you   | a.5 9 9.5 10<br>feel stiff?<br>until you a<br>rou OVER TH<br>OO OVER TH<br>OO OVER TH<br>OO OVER TH<br>OO OVER TH<br>OO OO OC<br>a.5 9 9.5 10<br>k (√) only or<br>Vorse □,<br>ect you at this<br>OO OO C<br>a.5 9 9.5 10<br>shortness of<br>please do no<br>) of arthritis<br>) of address  | IT COU IT COU No IT COU No IT COU No IT COU IT COUL <td>LD BE I Yes r as you wil EEK? E IS A ROBLEM Worse G time time k] dication</td> <td>II (0-30<br/>HS=&gt;1:<br/>MS=6.1<br/>LS=3.1<br/>R=≤3</td>  | LD BE I Yes r as you wil EEK? E IS A ROBLEM Worse G time time k] dication | II (0-30<br>HS=>1:<br>MS=6.1<br>LS=3.1<br>R=≤3   |
| NO<br>PAIN       O <tho< th="">       O       <tho< th="">       O       <tho< th=""> <tho< th=""></tho<></tho<></tho<></tho<>  | 5       5.5       6       6.5       7       7.5       8         PAST WEEK, did you   | a.5 9 9.5 10<br>feel stiff?<br>until you a<br>rou OVER TH<br>OO OVER TH<br>OO OVER TH<br>OO OVER TH<br>OO OVER TH<br>Core □,<br>act you at this<br>OO OO C<br>a.5 9 9.5 10<br>shortness of<br>month □ Do<br>please do no<br>) of arthritis<br>) of address<br>) of marital s  | IT COU IT COU No IT COU No IT COU No IT COU IT COUL <td>LD BE I Yes r as you wil EEK? E IS A ROBLEM Worse G time time k] dication</td> <td>II (0-30<br/>HS=&gt;1:<br/>MS=6.1<br/>LS=3.1<br/>R=≤3</td>  | LD BE I Yes r as you wil EEK? E IS A ROBLEM Worse G time time k] dication | II (0-30<br>HS=>1:<br>MS=6.1<br>LS=3.1<br>R=≤3   |

## [C. QUESTION #6] Patient Global Assessment

The third part of the RAPID3 measures your your overall well-being, often called the patient global assessment (PTGL) by doctors. Your RA as well as other health measures should be considered when making this choice.

#### [STEP 1]

Choose the circle that relates to how you are feeling, with "0" indicating you are doing very well and "10" being you are doing very poorly. After you select the circle that best describes how you are feeling, locate the number below the circle and enter this number in the box to the right labelled PTGL (6).

In the example above, the patient global assessment (PTGL) score is 4. This is the third and final number used to calculate your RAPID3 score.

#### Please Note

Answering the other questions on the MDHAQ form may be helpful to your healthcare provider and you are strongly encouraged to complete them. However, only questions #1, #2 and #6 are needed to calculate your RAPID3 score.

## HOW TO CALCULATE YOUR RAPID3 SCORE

## HOW TO DETERMINE YOUR DISEASE CATEGORY





<sup>a</sup> To calculate your RAPID3 score, add together the numbers located in the FN box, the PN box, and the PTGL box. Place the result in the box labeled RAPID3.

In this example, when you add the functional score of 5 to the pain score of 1.5 and the patient global assessment of 4, you get a total RAPID3 score of 10.5. Your RAPID3 score can be any number from 0 to 30. The severity level of your RA is estimated based on your RAPID3 score. A chart located at the bottom of the RAPID3 score section will tell you which category your RAPID3 score places you in. A score greater than 12 is classified as high severity (HS). A score between 6.1 and 12 is moderate severity (MS). A score between 3.1 and 6 is low severity (LS) and a score less than or equal to 3 is near remission (R).

In this example, the RAPID3 score of 10.5 indicates that this patient's RA is moderate severity (MS).

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Answer questions 1, 2, and 6 of the MDHAQ (pronounced em-dee-HACK) to calculate your RAPID3 score and Rheumatoid Arthritis (RA) Disease Activity

#### HOW TO CALCULATE RAPID3 SCORES WITH MDHAQ

- 1. Complete questions 1, 2, and 6.
- 2. For question 1, add up the scores in the first 10 responses only (the 3 separate responses at the end 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).
- 3. 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).
- 4. For question 6, enter the raw score (0-10) in the box on the right as an evaluation of the patient's global assessment (PTGL).
- 5. Add the total score (0-30) from questions 1, 2, and 6 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).



MDHAQ EnV8 R865

1 = 0.3

5=1.7

2=0.7

FN(1)

16 = 5.3

17 = 5.73=1.0 18=6.0 4 = 1.3

19 = 6.3

20=6.7

**1.** Please check ( $\checkmark$ ) the **ONE** best answer for your abilities at this time:

| OVER THE PAST WEEK, were you able to:                        | Without<br><b>ANY</b><br>difficulty | With<br><b>SOME</b><br>difficulty | With<br><b>MUCH</b><br>difficulty | <b>UNABLE</b><br>to do |
|--|-------------------------------------|-----------------------------------|-----------------------------------|------------------------|
| Dress yourself, including tying shoelaces and doing buttons? | □ 0                                 | $\Box$ 1                          | □ 2                               | □ 3                    |
| Get in and out of bed?                                       | □ 0                                 | □ 1                               | □ 2                               | □ 3                    |
| Lift a full cup or glass to your mouth?                      | 0                                   | $\Box$ 1                          | □ 2                               | □ 3                    |
| Walk outdoors on flat ground?                                | 0                                   | □ 1                               | □ 2                               | □ 3                    |
| Wash and dry your entire body?                               | □ 0                                 | □ 1                               | □ 2                               | □ 3                    |
| Bend down to pick up clothing from the floor?                | 0                                   | $\Box$ 1                          | □ 2                               | □ 3                    |
| Turn regular faucets on and off?                             | □ 0                                 | $\Box$ 1                          | □ 2                               | □ 3                    |
| Get in and out of a car, bus, train, or airplane?            | □ 0                                 | $\Box$ 1                          | □ 2                               | □ 3                    |
| Walk two miles?  | 0                                   | □ 1                               | □ 2                               | □ 3                    |
| Participate in sports and games as you would like?           | □ 0                                 | $\Box$ 1                          | □ 2                               | □ 3                    |
| Get a good night's sleep?                                    | □ 0                                 | □ 1.1                             | □ 2.2                             | □ 3.3                  |
| Deal with feelings of anxiety or being nervous?              | □ 0                                 | □ 1.1                             | □ 2.2                             | □ 3.3                  |
| Deal with feelings of depression or feeling blue?            |                                     | □ 1.1                             | □ 2.2                             | □ 3.3                  |

2. How much pain have you had because of your condition OVER THE PAST WEEK? Please indicate below how severe your pain has been:

> PAIN AS BAD AS IT COULD BE 0 0.5 1 1.5 2 2.5 3 3.5 4 4.5 5 5.5 6 6.5 7 7.5 8 8.5 9 9.5 10

- 3. When you awakened in the morning **OVER THE PAST WEEK**, did you feel stiff? **☐Yes** If "**Yes**," please indicate the number of minutes , or hours until you are as limber as you will be for the day
- 4. How much of a problem has UNUSUAL fatigue or tiredness been for you OVER THE PAST WEEK? Please indicate below:

| FATIGUE IS | 0 | 0   | Ο | 0   | Ο | Ο   | 0 | Ο   | Ο | Ο   | Ο | Ο   | Ο | Ο   | Ο | Ο   | Ο | Ο   | Ο | Ο   | Ο  | FATIGUE IS A<br>MAJOR PROBLEM |
|------------|---|-----|---|-----|---|-----|---|-----|---|-----|---|-----|---|-----|---|-----|---|-----|---|-----|----|-------------------------------|
|            | 0 | 0.5 | 1 | 1.5 | 2 | 2.5 | 3 | 3.5 | 4 | 4.5 | 5 | 5.5 | 6 | 6.5 | 7 | 7.5 | 8 | 8.5 | 9 | 9.5 | 10 |                               |

| 5. | How do you feel TODA                     | Y compared to O       | NE WEEK AGO? Plea             | ise check (✓) only a | one.             |
|----|--|-----------------------|-------------------------------|----------------------|------------------|
|    | (1) <b>M</b> uch <b>B</b> etter $\Box$ , | (2) <b>B</b> etter □, | (3) the <b>S</b> ame $\Box$ , | (4) <b>W</b> orse 🛛, | (5) <b>M</b> uch |

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

VERY VERY POORLY WELL 0 0.5 1 1.5 2 2.5 3 3.5 4 4.5 5 5.5 6 6.5 7 7.5 8 8.5 9 9.5 10

7. How often do you exercise aerobically (sweating, increased heart rate, shortness of breath) for at least one-half hour (30 minutes)? Please check ( $\checkmark$ ) only one.

□ 3 or more times a week □ 1-2 times per week □ 1-2 times per month □ Do not exercise □ Cannot exercise due to disability/ handicapregularly

| 8. | <b>B.</b> Over the last 6 months, have you had: [please check ( $\checkmark$ ) <b>NO</b> or <b>YES</b> – please do not leave blank] |         |       |   |        |       |  |
|----|---|---------|-------|---|--------|-------|--|
|    | An operation or new illness   | 🗌 No    | 🗌 Yes | Change(s) of arthritis or other medication    | 🗌 No   | 🗌 Yes |  |
|    | A patient visit or stay at a hospita  | al 🗌 No | 🗌 Yes | Change(s) of address                          | 🗌 No   | 🗌 Yes |  |
|    | An important new symptom  | 🗌 No    | 🗌 Yes | Change(s) of marital status                   | 🗌 No   | 🗌 Yes |  |
|    | Side effects of any drugs   | 🗌 No    | 🗌 Yes | Change job or work duties, quit work, retired | 🗌 🗋 No | 🗌 Yes |  |
|    | Smoke cigarettes regularly  | 🗌 No    | 🗌 Yes | Change of medical insurance, Medicare, etc.   | 🗌 No   | 🗌 Yes |  |
|    | A fall, accident or other trauma  | 🗌 No    | 🗆 Yes | Change of primary care or other doctor        | 🗌 No   | 🗌 Yes |  |
|    |   |         |       |   |        |       |  |

Please explain any "Yes" answers:

NO

PAIN

#### Please turn over

Worse

| $\begin{array}{c} 6=2.0\\ 7=2.3\\ 8=2.7\\ 9=3.0\\ 10=3.3\\ 11=3.7\\ 12=4.0\\ 13=4.3\\ 14=4.7\\ 15=5.0\\ \end{array}$ | 21=7.0<br>22=7.3<br>23=7.7<br>24=8.0<br>25=8.3<br>26=8.7<br>27=9.0<br>28=9.3<br>29=9.7<br>30=10 |
|--|---|
|  | (2)<br>GL(6)  |
|  | PID3  |
| <u>Cate</u><br>HS=><br>MS=0<br>LS=3<br>R=≤3  | >12<br>5.1-12<br>5.1-6  |

#### 9. Please check ( $\checkmark$ ) if you have experienced any of the following <u>over the last month:</u>

| <ul> <li>Fever</li> <li>Weight gain (&gt;10 lbs)</li> <li>Weight loss (&gt;10 lbs)</li> <li>Feeling sickly</li> <li>Headaches</li> <li>Unusual fatigue</li> <li>Swollen glands</li> <li>Loss of appetite</li> <li>Skin rash or hives</li> <li>Unusual bruising or bleeding</li> <li>Other skin problems</li> <li>Loss of hair</li> <li>Dry eyes</li> <li>Other eye problems</li> <li>Problems with hearing</li> <li>Ringing in the ears</li> <li>Stuffy nose</li> <li>Sores in the mouth</li> <li>Dry mouth</li> <li>Problems with smell or taste</li> </ul>   | Lump in your throat<br>Cough<br>Shortness of breath<br>Wheezing<br>Pain in the chest<br>Heart pounding (palpitations)<br>Trouble swallowing<br>Heartburn or stomach gas<br>Stomach pain or cramps<br>Nausea<br>Vomiting<br>Constipation<br>Diarrhea<br>Dark or bloody stools<br>Problems with urination<br>Gynecological (female) problems<br>Dizziness<br>Losing your balance<br>Muscle pain, aches, or cramps<br>Muscle weakness<br>Have had none of the above over  | <ul> <li>Problems with sleeping</li> <li>Sexual problems</li> <li>Burning in sex organs</li> <li>Problems with social activities</li> </ul>  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|
|  |  | ain you are having today in each joint area:   |  |  |  |  |  |  |
| None         Mild           LEFT FINGERS         0         1           LEFT WRIST         0         1           LEFT WRIST         0         1           LEFT ELBOW         0         1           LEFT SHOULDER         0         1           LEFT SHOULDER         0         1           LEFT SHOULDER         0         1           LEFT KNEE         0         1           LEFT ANKLE         0         1           LEFT TOES         0         1           NECK         0         1           NECK         0         1           11.         Please list all the medications you         NAME OF MEDICINE           1. | Moderate       Severe         2       3       RIGHT FINGE         2       3       RIGHT WRIS'         2       3       RIGHT ELBON         2       3       RIGHT SHOU         2       3       RIGHT MREE         2       3       RIGHT ANKLE         2       3       BACK         have taken over the last 2 weeks (if m       DOSE         DOSE       NAME O | None         Mild         Moderate         Severe           SERS         0         1         2         3           ST         0         1         2         3           SW         0         1         2         3           DW         0         1         2         3           DW         0         1         2         3           DULDER         0         1         2         3           D         0         1         2         3           E         0         1         2         3           E         0         1         2         3           S         0         1         2         3           S         0         1         2         3           more than 6, please list on a separate page).         DOSE |  |  |  |  |  |  |
|  | hen you first had symptoms of this con<br>hen you were diagnosed with this conc  |  |  |  |  |  |  |  |
| <ul> <li>Year or your age when you were diagnosed with this condition.</li> <li>13. How many years of school have you completed? Please circle the number of years of school. <ul> <li>1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20</li> </ul> </li> <li>14. At this time, are you? Please check (✓) all that apply: <ul> <li>Working full-time,</li> <li>Working part-time,</li> <li>Student,</li> <li>Homemaker—full-time,</li> <li>Unemployed,</li> <li>Retired,</li> <li>Disabled,</li> <li>Other (describe): Your occupation is/was</li> </ul> </li> </ul>  |  |  |  |  |  |  |  |  |
|  | IC □ Asian □ Hispanic □ Other MAI<br>P: □ Black □ White  | <b>RITAL STATUS:</b> Single       Married       Divorced         Widowed       Separated   |  |  |  |  |  |  |
|  | ve reviewed the questionnaire respons<br>$\bigcirc \bigcirc $   |  |  |  |  |  |  |  |

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