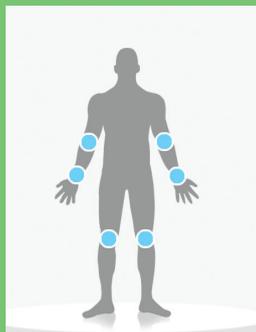


my personal
joint
profile

A questionnaire to measure how rheumatoid arthritis (RA)
is affecting you—and how you feel.



A better understanding of your moderate to severe RA

This questionnaire* has been designed for people who have been diagnosed with moderate to severe RA. Completing it will give both you and your rheumatologist a clearer picture of how RA is affecting you. The questions have been created to help you describe important measures:

- The amount of pain you feel in your joints
- The extent that RA is limiting what you can do every day

Please take a few minutes to complete this questionnaire. Then, share your answers with your rheumatologist. He or she will help you determine the most appropriate treatment plan for your moderate to severe RA.

Getting started:

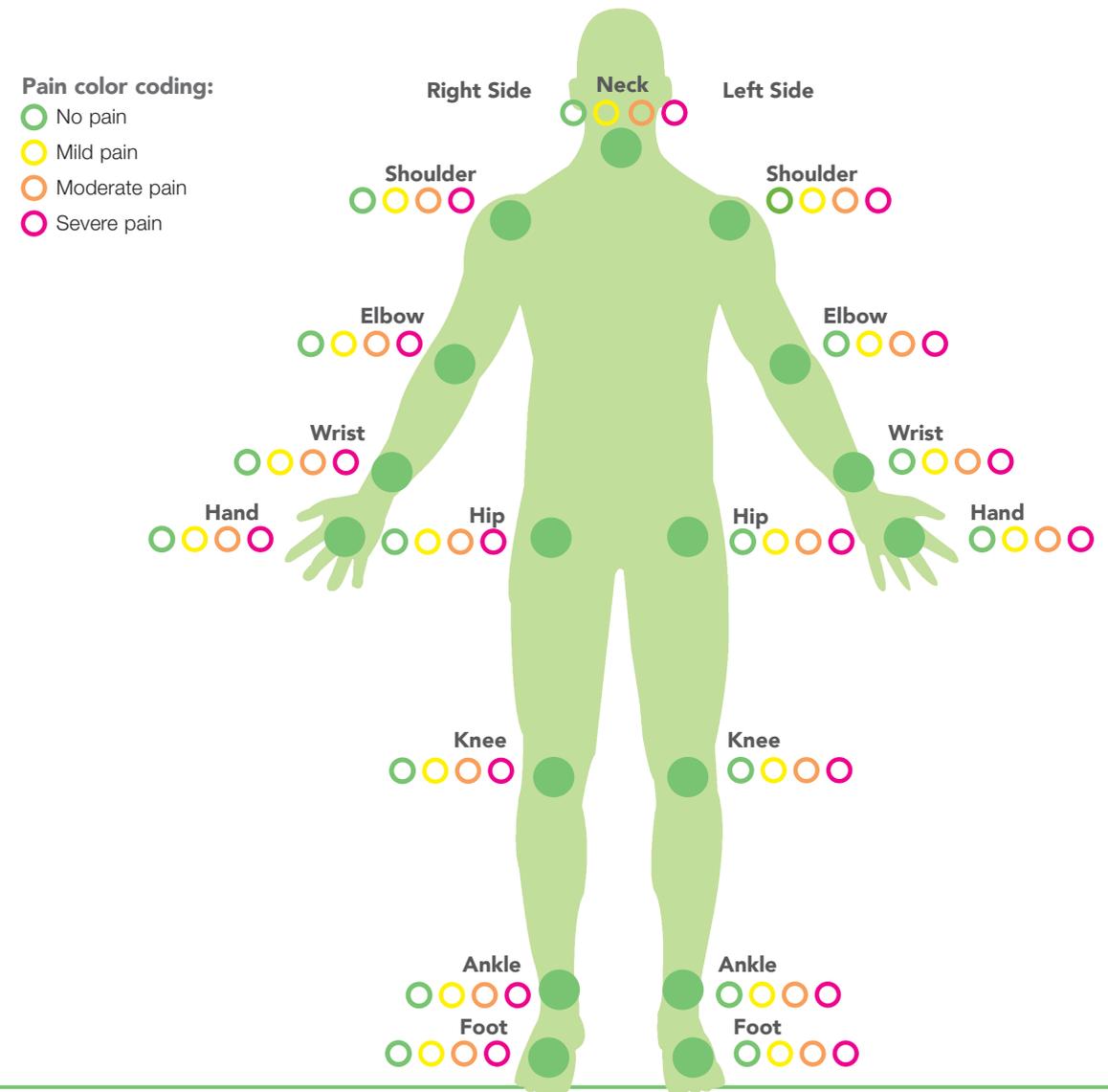
Considering all the ways that your RA affects you, check the circle that describes how you are feeling on the following pain scale:



*Much of this profile is based on the Health Assessment Questionnaire (HAQ), a tool that is used widely by rheumatologists to assess and track how RA is affecting you.

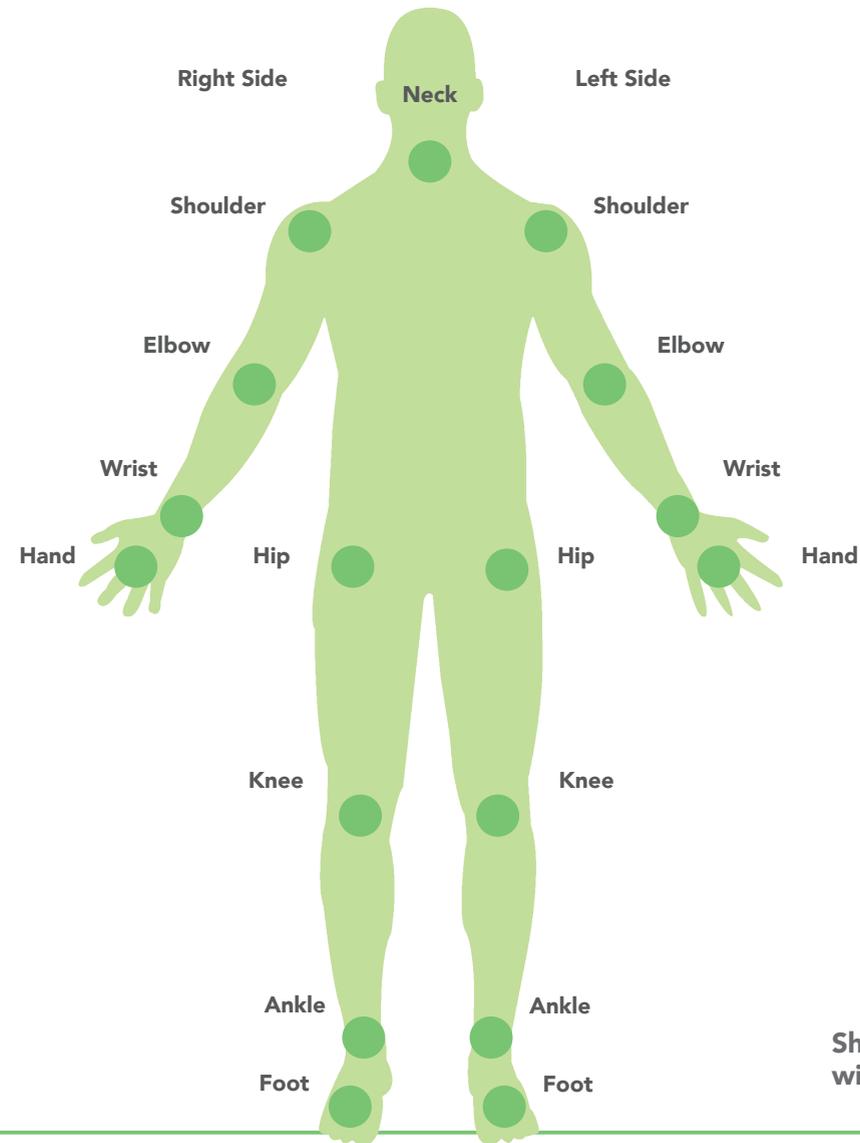
1 A profile of your RA pain

This section lets you identify the specific joints where you feel pain and rate that pain on a color scale—with green being “no pain” and magenta being “severe pain.” Check the color that describes the pain you feel in each joint.



2 A profile of your joint stiffness

Help your rheumatologist understand the impact of your RA by identifying the specific joints where you feel stiffness. Check the circle to indicate any stiffness you feel in each joint.



Share this profile with your doctor.

3 A profile of how well you can function

The following questions are designed to help assess how your moderate to severe RA affects your ability to function in daily life. The assessment questions are from the Health Assessment Questionnaire-Disability Index (HAQ-DI) developed by researchers at Stanford University School of Medicine, Division of Immunology and Rheumatology. FOR PHYSICIAN USE ONLY: Scoring information—The response options “Without ANY difficulty,” “With SOME difficulty,” “With MUCH difficulty,” and “UNABLE to do” correspond to 0, 1, 2, and 3 points, respectively.

Place an “x” in the box that best describes your abilities OVER THE PAST WEEK.

	Without ANY difficulty	With SOME difficulty	With MUCH difficulty	UNABLE to do	This column for physician use only HIGHEST score
Dressing and Grooming					
Are you able to:					
Dress yourself, including shoelaces and buttons?	<input type="checkbox"/>				
Shampoo your hair?	<input type="checkbox"/>				
Arising					
Are you able to:					
Stand up from a straight chair?	<input type="checkbox"/>				
Get in and out of bed?	<input type="checkbox"/>				
Eating					
Are you able to:					
Cut your own meat?	<input type="checkbox"/>				
Lift a full cup or glass to your mouth?	<input type="checkbox"/>				
Open a new milk carton?	<input type="checkbox"/>				
Walking					
Are you able to:					
Walk outdoors on flat ground?	<input type="checkbox"/>				
Climb up 5 steps?	<input type="checkbox"/>				
					SUBTOTAL Bring to top of next page

3 A profile of how well you can function (cont)

Please check any AIDS OR DEVICES that you usually use for any of the activities listed on the prior page*:

- Devices used for dressing (button hook, zipper pull, etc.)
- Special or built-up chair
- Built-up or special utensils
- Cane
- Walker
- Crutches
- Wheelchair

Please check any categories for which you usually need HELP FROM ANOTHER PERSON*:

- Dressing and grooming
- Arising
- Eating
- Walking

Share this profile with your doctor.

*Note to rheumatologist. The category score may be adjusted based on the use of an aid/device or assistance for that category. If the score for the corresponding category is 0 or 1, adjust the score to 2. If the score for the corresponding category is 2, it remains 2, if 3, it remains 3.

This column for physician use only

SUBTOTAL from bottom of previous page

Number of answered groups

SUBTOTAL Bring to top of next page

Place an "x" in the box that best describes your abilities OVER THE PAST WEEK.

	Without ANY difficulty	With SOME difficulty	With MUCH difficulty	UNABLE to do
Hygiene				
Are you able to:				
Wash and dry your body?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Take a tub bath?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Get on and off the toilet?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reaching				
Are you able to:				
Reach and get down a 5-pound object (such as a bag of sugar) from above your head?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bend down to pick up clothing from the floor?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Grip				
Are you able to:				
Open car doors?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Open previously opened jars?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Turn faucets on and off?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Activities				
Are you able to:				
Run errands and shop?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Get in and out of a car?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do chores such as vacuuming or yard work?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

This column for physician use only

SUBTOTAL from bottom of previous page

HIGHEST score

SUBTOTAL Bring to top of next page

