



Draft

Name:

Date Completed (dd/mm/yy)

/   /

DOB:

MRN:

# Modified Health Assessment Questionnaire (MHAQ)

**Dear Patient,** please read the questions below and put a cross (X) in the box that best describes your usual abilities OVER THE COURSE OF THE LAST WEEK.

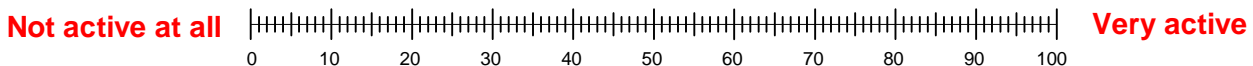
	Without <b>ANY</b> difficulty	With <b>SOME</b> difficulty	With <b>MUCH</b> difficulty	<b>UNABLE</b> to do
1. Dress yourself, including tying shoelaces and doing buttons ?	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
2. Get in and out of bed ?	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
3. 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
4. Walk outdoors on flat ground?	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
5. Wash and dry your entire body?	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
6. 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
7. Turn taps on and off?	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
8. Get in and out of a bus, car, train, or airplane?	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3

For Rheumatologists use only

Add the totals for each of the four columns and use this value to look up and circle the MHAQ score in the grid below.

0	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24
0.000	0.125	0.250	0.375	0.500	0.625	0.750	0.875	1.000	1.125	1.250	1.375	1.500	1.625	1.750	1.875	2.000	2.125	2.250	2.375	2.500	2.625	2.750	2.875	3.000

**Dear Patient,** please draw a vertical line on the scale below that best represents **how active your arthritis has been in the last week.**



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Score



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# Rheumatoid Arthritis Quality Indicators

A. Disease Activity	Tick (✓) if checked or requested	Within desirable range (✓)		Action taken (✓)
		Yes	No	
1. Review compliance and understanding of rheumatoid medications, monitoring etc	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Record RA disease activity by: (a) DAS or	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(b) all of the following: swollen joint count physical function patient global disease activity CRP	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>B. Comorbidities: every 3-6 months check and record:</b>				
3. Smoking status, willingness to quit, offer treatment to do so (via GP)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Alcohol use. (None permitted if on hepatotoxic medications otherwise: females <=1std drink and males <= 2 std drinks / day)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Weight and height to calculate BMI. and /or record waist circumference (Target: females <= 80cm males <= 94cm)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Blood Pressure: Target <130/85 if patient has diabetes, renal or cardiac disease otherwise <140/90	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>C. Comorbidities: every 6-12 months check and record:</b>				
7. Fasting plasma glucose (target <6mmol/L)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Fasting: total cholesterol (<4mmol/L), LDLcholesterol (<=2.5mmol/L) HDL cholesterol (>=1mmol/L) and tryglycerides (<2mmol/L)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Inform patient there is increased cardiovascular morbidity and mortality in patients with RA. Remind patient of the risk factors associated with cardiovascular disease.</i>				
9. Creatinine and eGFR (>60mls/min/1.73m <sup>2</sup> )	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Assess and manage risk factors for osteoporosis (e.g. prolonged use of glucocorticoids). Check Vitamin D, Bone Mineral Density (as needed)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>