



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)

TABLE OF CONTENTS

Welcome!3

Background on the RAPID3.....4

How to complete the RAPID3 questions.....8

How to calculate your RAPID3 score.....14

How to determine your disease activity level.....15

How to fill out your RAPID3 patient logbook.....16

Included separately:



**Multi-Dimensional Health Assessment
Questionnaire Form Tear Pad**

Includes the RAPID3 questions



RAPID3 Patient Logbook



RAPID3 Patient Instructional Video Link

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.

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 towards your treatment goal.

BACKGROUND ON THE RAPID3



What is the 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 3-5 minutes. RAPID3 was developed by rheumatologists as a way to see changes in your RA symptoms. RAPID3 is one of 6 RA disease activity measures recommended by the American College of Rheumatology.

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]). You are to 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 to track your treatment progress and important to your healthcare provider in planning your medical care.

BACKGROUND ON THE RAPID3_(cont'd)



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 to the care you 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 and enter the RAPID3 score in your patient logbook:

- ☒ On the day of an appointment with your doctor
- ☒ At least once a month

Using the RAPID3 patient logbook to keep track of your scores is beneficial to both you and your healthcare provider. 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 most important. 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, MDHAQ forms, and logging history useful in managing your RA. Some healthcare providers use other tests than the RAPID3 to assess their patients' disease activity. If this is the case with your healthcare provider, he or she 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.

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.

MDHAQ EnV8 R86S

Name: _____ Date of Birth: _____ Today's Date: _____

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

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

NO PAIN ○○○○○○○○○○○○○○○○○○○○ 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? ☐ No ☐ 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 NO PROBLEM ○○○○○○○○○○○○○○○○○○○○ FATIGUE IS A 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 **TODAY** compared to **ONE WEEK AGO?** Please check (✓) only one.
(1) Much Better ☐, (2) Better ☐, (3) the Same ☐, (4) Worse ☐, (5) Much Worse ☐

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 WELL ○○○○○○○○○○○○○○○○○○○○ VERY POORLY
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 (✓) only one.
☐ 3 or more times a week ☐ 1-2 times per week ☐ 1-2 times per month ☐ Do not exercise regularly
☐ Cannot exercise due to disability/ handicap

8. Over the last 6 months, have you had: [please check (✓) **NO** or **YES** – 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 hospital ☐ No ☐ Yes Change(s) of address ☐ No ☐ Yes

FN (1)

5

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)

PTGL (6)

RAPID3

(0-30)

Category

HS= >12
MS=6.1-12
LS= 3.1-6
R= ≤3

A. Question #1 – Physical Functioning

The first part of the RAPID3 includes 10 questions about your ability to perform certain physical function (FN) activities. You are asked to answer each question as to 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 a box to the right of the question that 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, count 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 from Question 1 by 3 or use the chart under the FN(1) box to do the math for you. The number you get is your function (FN) score.

In this example, 15 points equals 5. Place 5 in the function (FN) score. This is the first number that will be used to calculate your RAPID3 score.

HOW TO COMPLETE THE RAPID3 QUESTIONS (cont'd)

Name: _____
Date of Birth: _____
Today's Date: _____

MDHAQ EnV8 **R865**

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

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

NO PAIN

PAIN AS BAD AS IT COULD BE

3. When you awakened in the morning **OVER THE PAST WEEK**, did you feel stiff? ☐ No ☐ 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 NO PROBLEM

FATIGUE IS A MAJOR PROBLEM

5. How do you feel **TODAY** compared to **ONE WEEK AGO?** Please check (✓) only one.
 (1) Much Better ☐, (2) Better ☐, (3) the Same ☐, (4) Worse ☐, (5) Much Worse ☐

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 WELL

VERY POORLY

7. How often do you exercise aerobically (sweating, increased heart rate, shortness of breath) for at least one-half hour (30 minutes)? Please check (✓) only one.
☐ 3 or more times a week ☐ 1-2 times per week ☐ 1-2 times per month ☐ Do not exercise regularly
☐ Cannot exercise due to disability/ handicap

8. Over the last 6 months, have you had: [please check (✓) **NO** or **YES** – please do not leave blank]

An operation or new illness	<input type="checkbox"/> No <input type="checkbox"/> Yes	Change(s) of arthritis or other medication	<input type="checkbox"/> No <input type="checkbox"/> Yes
A patient visit or stay at a hospital	<input type="checkbox"/> No <input type="checkbox"/> Yes	Change(s) of address	<input type="checkbox"/> No <input type="checkbox"/> Yes
An important new symptom	<input type="checkbox"/> No <input type="checkbox"/> Yes	Change(s) of marital status	<input type="checkbox"/> No <input type="checkbox"/> Yes
Side effects of any drugs	<input type="checkbox"/> No <input type="checkbox"/> Yes	Change job or work duties, quit work, retired	<input type="checkbox"/> No <input type="checkbox"/> Yes
Smoke cigarettes regularly	<input type="checkbox"/> No <input type="checkbox"/> Yes	Change of medical insurance, Medicare, etc.	<input type="checkbox"/> No <input type="checkbox"/> Yes
A fall, accident or other trauma	<input type="checkbox"/> No <input type="checkbox"/> Yes	Change of primary care or other doctor	<input type="checkbox"/> No <input type="checkbox"/> Yes

Please explain any "Yes" answers: _____

Please turn over

B. Question #2 – Pain

The second part of the RAPID3 is made up of Question #2 and measures 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 labeled PN (2) for pain.

In the example above, 1.5 was chosen, which is the pain (PN) score. Place 1.5 in the PN (2) box. This will be the second number used to calculate your RAPID3 score.

HOW TO COMPLETE THE RAPID3 QUESTIONS (cont'd)

MDHAQ EnV8 R865

Name: _____ Date of Birth: _____ Today's Date: _____

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

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

NO PAIN	<input type="radio"/> <input type="radio"/> <input type="radio"/> <input checked="" type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/>	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? ☐ No ☐ 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 NO PROBLEM	<input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/>	FATIGUE IS A 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 **TODAY** compared to **ONE WEEK AGO?** Please check (✓) only one.
(1) Much Better ☐, (2) Better ☐, (3) the Same ☐, (4) Worse ☐, (5) Much Worse ☐

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 WELL	<input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/>	VERY POORLY
	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 (✓) only one.
☐ 3 or more times a week ☐ 1-2 times per week ☐ 1-2 times per month ☐ Do not exercise regularly
☐ Cannot exercise due to disability/ handicap

8. Over the last 6 months, have you had: [please check (✓) NO or YES – please do not leave blank]

An operation or new illness	<input type="checkbox"/> No <input type="checkbox"/> Yes	Change(s) of arthritis or other medication	<input type="checkbox"/> No <input type="checkbox"/> Yes
A patient visit or stay at a hospital	<input type="checkbox"/> No <input type="checkbox"/> Yes	Change(s) of address	<input type="checkbox"/> No <input type="checkbox"/> Yes
An important new symptom	<input type="checkbox"/> No <input type="checkbox"/> Yes	Change(s) of marital status	<input type="checkbox"/> No <input type="checkbox"/> Yes
Side effects of any drugs	<input type="checkbox"/> No <input type="checkbox"/> Yes	Change job or work duties, quit work, retired	<input type="checkbox"/> No <input type="checkbox"/> Yes
Smoke cigarettes regularly	<input type="checkbox"/> No <input type="checkbox"/> Yes	Change of medical insurance, Medicare, etc.	<input type="checkbox"/> No <input type="checkbox"/> Yes
A fall, accident or other trauma	<input type="checkbox"/> No <input type="checkbox"/> Yes	Change of primary care or other doctor	<input type="checkbox"/> No <input type="checkbox"/> Yes

Please explain any "Yes" answers: _____

FN (1)

5

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

PN (2)

1.5

PTGL (6)

4

RAPID3

(0-30)

Category

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

Please turn over

C. Question #6 – Patient Global Assessment

The third part of the RAPID3 is made up of Question #6. This question measures your patient global assessment (PTGL). Your RA as well as other health conditions 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 labeled 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 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 TO DETERMINE YOUR DISEASE ACTIVITY LEVEL

MDHAQ EnV8 R865

With MUCH difficulty	UNABLE to do
<input type="checkbox"/> 2	<input type="checkbox"/> 3
<input type="checkbox"/> 2	<input type="checkbox"/> 3
<input type="checkbox"/> 2	<input type="checkbox"/> 3
<input type="checkbox"/> 2	<input type="checkbox"/> 3
<input type="checkbox"/> 2	<input type="checkbox"/> 3
<input type="checkbox"/> 2	<input type="checkbox"/> 3
<input type="checkbox"/> 2	<input type="checkbox"/> 3
<input type="checkbox"/> 2	<input type="checkbox"/> 3
<input type="checkbox"/> 2	<input type="checkbox"/> 3
<input type="checkbox"/> 2	<input type="checkbox"/> 3
<input type="checkbox"/> 2.2	<input type="checkbox"/> 3.3
<input type="checkbox"/> 2.2	<input type="checkbox"/> 3.3
<input type="checkbox"/> 2.2	<input type="checkbox"/> 3.3

Please indicate below

PAIN AS BAD AS IT COULD BE

☐ No ☐ Yes

as limber as you will

PAST WEEK?

FATIGUE IS A MAJOR PROBLEM

(5) Much Worse ☐

time, please indicate

VERY POORLY

(breath) for at least

not exercise regularly

[leave blank]

or other medication

tatus

ies, quit work, retired

rance, Medicare, etc.

e or other doctor

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

PN (2)

PTGL (6)

RAPID3

(0-30)

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

Please turn over

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.

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

HOW TO FILL OUT YOUR RAPID3 PATIENT LOGBOOK

Once you have completed questions 1, 2, and 6 of the MDHAQ and calculated your RAPID3 score, you are ready to record your scores in the RAPID3 logbook.

A. Section 1: RAPID3 Score Entry Type

First, pick the reason you calculated your RAPID3 score. Was this an entry made on the day of an appointment with your doctor, or is this a routine monthly self check?

In this example, let's say you have an appointment with your doctor tomorrow and calculated the RAPID3 score to prepare for it. Choose the "Doctor's Appointment" option in this section.

B. Section 2: RAPID3 Question Scores

Date your entry. Then fill in your FN, PN, PTGL, and RAPID3 scores in each section for the questionnaire you just filled out. This allows you to see how your scores may change over time.

The example on the right shows how you would enter an FN score of 5, a PN score of 1.5, and a PTGL score of 4, which makes the total RAPID3 score 10.5.

C. Section 3: RAPID3 Score Chart and Disease Severity Category

What disease severity category did your RAPID3 score place you in?

Chart your RAPID3 score here by placing an X on the row of your score. The chart is set up for a score of 0-30 and shaded to reflect the score's severity level. It is important to note when your RAPID3 score moves into a new shaded section. This means your status has changed and you should discuss this with your healthcare provider as needed.

In this case we placed a mark at 10.5 (the RAPID3 score for this example).

The disease score of 10.5 puts you in the disease severity category of moderate severity because the score 10.5 falls in between the numbers 6.1 and 12.

RAPID3 Score Logbook

A

Pick One

Doctor's Appointment

Routine Monthly Self Check

B

Date

1/8

Physical Function (FN)

5

+

Pain (PN)

1.5

+

Patient Global Assessment (PTGL)

4

= RAPID3 Score

10.5

C

High Severity

(RAPID3 Score greater than 12)

Moderate Severity

(RAPID3 Score 6.1 to 12)

Low Severity

(RAPID3 Score 3.1 to 6)

Near Remission

(RAPID3 Score less than or equal to 3)

30
29
28
27
26
25
24
23
22
21
20
19
18
17
16
15
14
13
12
11
10
9
8
7
6
5
4
3
2
1
0

HOW TO FILL OUT YOUR RAPID3 PATIENT LOGBOOK_(cont'd)

D. Section 4: Notes

Write out any changes in your routine that might have affected your score. Have you changed medications? Did you start taking an herbal supplement? Have you made a change to your diet and exercise routine? This is a great place to note information or questions you want to discuss with your healthcare provider. Place the date of your entry in the first section and write out the change in your routine on the line next to it. In this example, an herbal supplement was added to the patient's routine.

E. Section 5: Healthcare Information

On the next page of your RAPID3 patient logbook is a place to record your healthcare information. Keeping all your information in one place can make it easier to remember your next appointment with your doctor and any changes in medication. It is not necessary to fill out this page, but you might find it helpful to share it with your healthcare providers during your office visit.

Notes

Date:

Change in Routine:

1/8

An herbal supplement was added to my routine

D

My Healthcare Information

Use the space below to keep track of information about your healthcare.

My current medications:

Prescription/
Non-prescription
medication name
(brand or generic)

Dose (amount)
of medication
prescribed
by your doctor

Frequency
y

My Healthcare Information

Use the space below to keep track of information that's important to you:

My current medications:



Prescription/Non-prescription medication name (brand or generic)

Dose (amount) of medication prescribed by your doctor

How often do you take your medication (frequency)?

Date when you started the medication

Date when/if you stopped the medication

1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				



Herbal medication or supplement name

Dose (amount) of medication prescribed by your doctor

How often do you take your medication (frequency)?

Date when you started the medication

Date when/if you stopped the medication

1.				
2.				

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, MDHAQ forms, and logging history useful in managing your RA. Some healthcare providers use other tests than the RAPID3 to assess their patients' disease activity. If this is the case with your healthcare provider, he or she 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.



©2014 Pfizer Inc. All rights reserved. October 2014.

Reproduction or distribution of this material is strictly prohibited without permission.

The MDHAQ/RAPID3 system, and all copyright and trademark rights related thereto, is owned by Theodore Pincus and incorporated herein under license.

TRA656414-01