

DRAFT

SWOG

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S1200 MODIFIED SCORE FOR THE ASSESSMENT AND QUANTIFICATION OF CHRONIC RHEUMATOID AFFECTIIONS OF THE HANDS (M-SACRAH)

SWOG Patient ID SWOG Study No. S 1 2 0 0 Registration Step 1

Patient Initials _____ (L, F M) Date of Completion: / /

Planned Assessment: Baseline 6-week visit 12-week visit 24-week visit 52-week visit

Institution/Affiliate _____ Physician _____

Instructions: You will be asked to complete this form at time of registration and at 6 weeks, 12 weeks, 24 weeks, and 52 weeks post-registration. All dates are **MONTH, DAY, YEAR**. Thank you for your participation on this study.

DIFFICULTIES IN COPING WITH ACTIVITIES OF DAILY LIFE

Please think of the difficulties you had during the past week in performing the following activities of daily life in view of your **finger joint conditions**. The objective is to **move freely** and to be able to **take care of yourself**. For each question below, please put an in the box that describes how difficult each activity was for you.

QUESTION: How difficult was it for you to:

1. **Unlock your door with a key?**

0 1 2 3 4 5 6 7 8 9 10
Not Difficult Extremely Difficult

2. **Button and unbutton your shirt/blouse?**

0 1 2 3 4 5 6 7 8 9 10
Not Difficult Extremely Difficult

3. **Turn a faucet?**

0 1 2 3 4 5 6 7 8 9 10
Not Difficult Extremely Difficult

4. **Do up or undo a zipper?**

0 1 2 3 4 5 6 7 8 9 10
Not Difficult Extremely Difficult

5. **Tie your shoelaces?**

0 1 2 3 4 5 6 7 8 9 10
Not Difficult Extremely Difficult

6. **Unscrew the toothpaste cap?**

0 1 2 3 4 5 6 7 8 9 10
Not Difficult Extremely Difficult

7. **Turn the pages of the newspaper?**

0 1 2 3 4 5 6 7 8 9 10
Not Difficult Extremely Difficult

8. **Write?**

0 1 2 3 4 5 6 7 8 9 10
Not Difficult Extremely Difficult

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STIFFNESS

Please, assess the **stiffness** (not the pain) you had during the past week caused by your **finger joint condition**. Stiffness is normally defined by a **reduction in the movability of joints**. For each question below, please put an in the box that describes the severity of your joint stiffness.

9. How severe was your joint stiffness immediately after waking up first thing in the morning?

0 1 2 3 4 5 6 7 8 9 10
Not Stiff Unbearably Stiff

10. How severe was your joint stiffness later in the day, after a period of resting time?

0 1 2 3 4 5 6 7 8 9 10
Not Stiff Unbearably Stiff

PAIN

Please, assess the **pain** you had during the past week caused by your **finger joint condition**. For each question below, please put an in the box that describes the severity of your joint pain.

QUESTION: How severe was your pain:

11. During intensive work?

0 1 2 3 4 5 6 7 8 9 10
No Pain Unbearable Pain

12. At times of inactivity?

0 1 2 3 4 5 6 7 8 9 10
No Pain Unbearable Pain

Sautner J, Andel I, Rintelen B, Leeb BF: M-SACRAH. A modified, shortened version of SACRAH (Score for the Assessment and Quantification of Chronic Rheumatoid Affections of the Hands); Rheumatology (Oxford). 2004 Nov;43(11):1409-13.

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