

EDAQ

Evaluation of Daily Activity Questionnaire:

User Manual v1

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The Evaluation of Daily Activity Questionnaire (EDAQ) User Manual: Version 1

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The English version of the EDAQ is adapted from the Swedish EDAQ developed by Ulla Nordenskiöld PhD, Sahlgrenska Academy, University of Gothenburg, Sweden.

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Obtaining the EDAQ and the EDAQ Manual:

The two forms of the Evaluation of Daily Activity Questionnaire (EDAQ: i.e. including Parts 1 and 2; **or** Parts 1,2 and 3) and the EDAQ Manual v1 (and future updated versions including Rasch Transformation tables for other musculoskeletal conditions) are available for download at:

<http://usir.salford.ac.uk/view/authors/index.H.html>

Search for Hammond and look under “Monographs”. Publications related to the EDAQ are located under “Articles.”

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1. Introduction

The Evaluation of Daily Activity Questionnaire (EDAQ) is a self-report assessment. It evaluates, in detail, a person's daily activity abilities with and without using ergonomic solutions (ie using alternate movements and positions, planning, activity simplification, pacing, assistive devices, gadgets and equipment) or help. It includes items related to the International Classification of Functioning, Disability and Health (ICF) body functions, activity/ participation and environment (World Health Organisation, 2001). The EDAQ was originally developed and tested in the mid-1990's with women with rheumatoid arthritis (RA) in Sweden (Nordenskiöld et al. 1996, 1998), where it is used clinically and for clinical and epidemiological research (Cederlund et al, 2001, 2007; Sandqvist et al, 2004; Thyberg et al, 2004, 2005).

We have translated the EDAQ into English using standard methods (Beaton et al, 2000). People with a range of arthritis and musculoskeletal conditions in the UK contributed to its' cross-cultural adaptation by identifying problematic activities, and they decided which activities to include and omit. This ensured content is relevant and important to people with arthritis, as well as including relevant activities for the 2010's. Rheumatology occupational therapists also contributed to identifying which activities should be included.

The EDAQ can be used for clinical, audit and research purposes. **For all uses, it is completed by the person in their own time, usually at home.** They can take breaks or do this over a couple of days if they wish. This allows reflection on abilities and what they want help with, as well as avoiding tiredness whilst filling it in. By completing it at home, less time is spent during therapy appointments identifying problems, allowing more time to focus on solutions. The EDAQ facilitates collaboration between the person with arthritis/ musculoskeletal conditions and the therapist.

The EDAQ was originally designed as an Occupational Therapy assessment, for clinical and research purposes. However, it can also be used to evaluate Physiotherapy clinical practice and research, as it includes both activity and mobility limitations. It can also be used to evaluate the effects of multidisciplinary rehabilitation and self-management education, and to evaluate pharmacological interventions, if a more detailed activity/mobility assessment is required.

The EDAQ has been tested for reliability and validity in:

- Rheumatoid Arthritis
- Osteoarthritis
- Ankylosing Spondylitis
- Systemic Lupus Erythematosus
- Systemic Sclerosis
- Chronic Pain conditions (including back pain, neck pain, chronic widespread pain, fibromyalgia)
- Chronic upper limb conditions (including carpal tunnel, de Quervain's, shoulder conditions)
- Primary Sjogren's Syndrome.

Abstracts of research related to the EDAQ in RA can be found in Hammond et al 2010a,b, 2011, 2012a,b. Full articles are in preparation/review. The relevance of EDAQ content to people with musculoskeletal conditions has been evaluated (Hammond et al, 2010) and reliability and validity abstracts / articles are also in preparation. Please contact the lead author for further information about ongoing publications in the above conditions.

2. EDAQ Content

The EDAQ includes three parts:

Part 1: evaluates common effects of arthritis. 10 numeric rating scales evaluate: mood, pain when resting, pain when moving, stiffness, limitations in joint movement, fatigue, worry, sleep problems, and satisfaction with life.

Part 2: evaluates 138 daily activities. Section A: asks ability without using ergonomic methods (ie alternative methods: joint protection, such as: using different movement patterns and positioning; pacing; planning; task simplification; assistive devices, aids and gadgets) or help. Section B asks ability **with** ergonomic methods; and to describe the method used.

There are 14 domains:

1. Eating /Drinking
2. In the Bathroom/ Personal Care
3. Getting Dressed/ Undressed
4. Bathing/ Showering
5. Cooking

6. Moving Around Indoors
7. Cleaning the House
8. Laundry / Clothes Care
9. Moving and Transfers
10. Communication
11. Moving Around Outside/ Shopping
12. Gardening/ Household Maintenance
13. Caring
14. Hobbies, Leisure and Social Activities.

The last three domains were developed and added to the English EDAQ following feedback from people with arthritis that these should be included.

Part 3 *Optional*: asks about opinions and use of common assistive devices. This part is not essential and has not been psychometrically tested.

Finally: five questions ask about: use of orthoses; which assistive devices are valued most; attitudes to using assistive devices; actions taken to self-manage arthritis; and the most important thing the person wishes to continue to do.

Two forms of the EDAQ are available: with and without Part 3. Normally, only parts 1 and 2 are used, unless information about assistive device use is essential.

3. Time taken to complete the EDAQ

This will vary with:

- Number of difficult activities, as the person records alternate methods/ assistive devices/ gadgets used.
- Pain
- Fatigue
- Hand function
- Concentration.

During testing of the full EDAQ (i.e. parts 1, 2 and 3), the time taken varied from 18 to 78 minutes (median 40, IQR 28 – 59 minutes). To complete the revised EDAQ, ie just parts 1 and 2, takes most people about 25 to 30 minutes. Consequently, people should take the

EDAQ home to complete in their own time. This allows reflection on abilities and avoids them feeling pressurised to complete it quickly. It has not been tested as an interview.

4. Who is it for?

The EDAQ can be used in a wide range of rheumatological conditions (see page 2).

In psychometric testing, over 80% of eligible patients with RA consented to take part, most of whom then completed the EDAQ. Of those unwilling to take part, reasons were: not wanting to take part in research; too ill; family members unwell; too busy; and, a few, did not like long questionnaires. Clinically, this suggests some two-thirds of people with RA, or more, would be willing and able to complete the EDAQ. The EDAQ is NOT for everyone. Some people have insufficient reading ability, concentration or desire to complete questionnaires.

We found 8% of people requested additional verbal instructions in how to complete the EDAQ (over and above the written instructions already included within the EDAQ). This group were more likely to have severe activity limitations and/ or poorer quality of life. Following additional instructions, this group were just as able to complete the EDAQ as those not receiving verbal instructions.

If people are clinically depressed and have more severe difficulties, please consider its appropriateness for them, as completion will heighten their awareness of difficulties. Emphasise to them how it will assist them and you to collaboratively identify solutions.

5. People with arthritis' and occupational therapists' views of the EDAQ.

In our study, most (83%) people with RA considered the EDAQ helpful or very helpful for discussing everyday problems with an OT. Most (87%) replied it had about the right amount of activities.

Comments from people with RA included:

"It was very thorough and would be good for outlining level of difficulty and needs. It's easy once you read the instructions carefully."

"The EDAQ covered everything."

"Yes it was good that it includes what help and assistance the person requires included in it."

Comments from Rheumatology OTs were:

“It’s more patient oriented... It takes out the time of having to actually go through it all with them.”

“A lot of our patients say the time they spent with OT was fleeting...filling this out would be very thorough.”

“You identify the talking points straight away, which helps focus it [the treatment plan] a lot more.”

Using the EDAQ can save therapists’ time in assessing, allowing more time for providing solutions. This can help improve efficiency of and satisfaction with OT services.

6. Clinical use

The occupational therapist introduces the assessment to the person. For example:

“The EDAQ (Evaluation of Daily Activity Questionnaire) helps us understand about your abilities and problems doing your daily activities. You may have noticed using aids, everyday gadgets, equipment or even different ways of doing things (such as using two hands) reduces some of these problems. Sharing your problems and solutions with us, helps us to help you. Please complete the EDAQ in your own time at home. Take a break or two if you want. The first part asks how arthritis affects you, for example, about pain and fatigue. The second part asks about your ability doing daily activities in detail. (*Open up questionnaire to show example on page 7*). Here is an example of how it’s filled in. Every question is answered twice.

In Section A, tick how you manage every activity on your own, without using any different methods, such as using two hands, gadgets or help. Remember, if you now can’t do an activity because of your arthritis, tick “unable to do.” Only tick “not applicable” if you normally have never done that activity.

Then tick in the middle columns if you use a gadget or other method, or if you have help doing it. If you tick No or Help, you don’t need to do Section B. If you do tick Yes: fill in Section B.

Here are some examples. (*Explain some of the examples on page 7 to check the person knows what to do*). Please bring it with you to our next appointment.”

During the appointment, when reviewing Part 2, only those activities causing difficulty need be discussed to find solutions.

7. Research Use

The majority of people in our studies were able to complete the EDAQ without having any additional verbal instructions. We recommend that: if recruiting with the person present, ask them to read the instructions and example provided and then ask if they need verbal instructions; if recruiting via telephone/ mail only, provide a contact telephone number so that people can ask for help if they require this.

8. Scoring the EDAQ

Total scores for each domain (separately for sections A and B) are created by summing item scores within the domain, giving an indication of the person's 'overall ability' in that domain both without and with ergonomic solutions. Rasch analysis has confirmed it is appropriate to produce summated scores from the ordinal data produced in the EDAQ Part 2.

Part 1: each numeric rating scale is scored separately by recording the number circled.

Part 2: Section A:

If an item is scored as:

- Not applicable = 0.
- No difficulty = 0; some difficulty = 1; much difficulty = 2; unable to do =3.

Add the scores of each item in a domain to provide the total Section A domain score.

Part 2: Section B:

If an item is scored as:

- If ticked "Yes" to use of alternate methods and aids and completed section B: score as: No difficulty = 0; some difficulty = 1; much difficulty = 2; unable to do =3.
- If ticked either "No" to using aid/other method, "Help" or Section B is not completed: the section B score is the same as in section A.

Section B scores are calculated by adding both i) section B domain item scores using ergonomic solutions **and** ii) if none are used, then that item's A score is added (as performance was unchanged).

Differences between total section A and B domain scores denote the impact of ergonomic solutions. **See the scoring example in Appendix 1.**

Domains can each be scored individually, as each domain is reliable and valid. Additionally, total domain scores can be combined into two components:

1. **SELF-CARE Score:** Domains 1+2+3+5+7+8+10
2. **MOBILITY/ PARTICIPATION Score:** Domains 4+6+9+11+12

Domains 13 and 14 are not included as there are often higher numbers of “not applicable” responses in both the Caring (due to few or no childcare responsibilities in many older respondents) and Hobbies domains (due to greater variation in personal interests).

Part 3: data is investigated descriptively.

Dealing with missing scores:

Missing scores mean a total Section A domain score cannot be calculated for any given domain for that person. It is not statistically appropriate to use mean scores as an alternative. Please make every effort to ensure the EDAQ is completed correctly. To avoid the problem of missing data:

Clinical practice: ensure missing items are completed during your assessment review.

Research: if possible, telephone participants to obtain missing data, or return a copy of the pages with the missing items to the participant and request these are completed and returned as it is very important to obtain all their information. Alternatively, you can use multiple imputation and then conduct statistical analysis of summed domain scores.

During EDAQ development, we tested several appearances for the EDAQ: ticking a grid, squares or circles. We also tested two layouts:

- a) The same layout as the Swedish EDAQ, i.e. without the central columns asking people to tick if they use Alternate methods/aids and/ or Help
- b) Revised layout, with these central columns.

Participants preferred the grid layout. The latter format, with central columns, reduced the amount of missing data from participants.

In testing in RA, we found 4% of the possible domain scores could not be calculated due to missing data. People with severe activity limitations and poorer quality of life were more likely to be those with some missing scores. In clinical practice, when the person returns with the questionnaire, please always check that all items are completed. Please assist the person to complete any missing items. This will ensure you can fully score the EDAQ.

9. Analysing EDAQ data

As EDAQ data is ordinal, non-parametric tests are used to identify differences in scores, for example: between Sections A and B (without and with ergonomic solutions and help); before to after treatment; or between groups.

In research, if required, data in Part 2 can be transformed into interval data using the Rasch Transformation Table for RA (Appendix 2), allowing use of parametric tests when applicable. Rasch Transformation Tables for use with other conditions will be available from the lead author during 2014. Rasch transformation of an individual's domain score is only valid when their domain data are complete. Similarly, Rasch transformation of an individual's component score is only valid when their domain total scores within the component are complete. You cannot impute missing data and then Rasch transform domain scores for analysis for that individual.

An SPSS EDAQ data entry file and SPSS coding/scoring instructions are available from the lead author.

10. Availability of the EDAQ

The two forms of the EDAQ (i.e. including Parts 1 and 2; or Parts 1,2 and 3) and the EDAQ Manual v1 (and updated manual(s) including Rasch Transformation tables for other musculoskeletal conditions) are available for download at:

<http://usir.salford.ac.uk/view/authors/index.H.html>

Search for Hammond (Monographs). Publications related to the EDAQ are located under Articles.

NB. Normally the EDAQ Parts 1 and 2 only are used in clinical practice and research.

The EDAQ is available under a Creative Commons license (Attribution-NonCommercial-NoDerivs CC BY-NC-ND). The EDAQ cannot be altered without prior permission of the authors. Please contact the lead author if you:

- Need an electronic copy in Word for clinical, research or other uses, or for commercial use. For the latter, there may be a charge to use the EDAQ depending on the project and funder.
 - want to psychometrically test the EDAQ for other conditions or in other languages, as we can advise you on this process. If you do so, the resulting version of the EDAQ must be made available using a Creative Commons license.
 - have any queries about using the EDAQ or
 - have any feedback about using the EDAQ in clinical practice and research.
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APPENDIX 1: EXAMPLE OF SCORING THE EDAQ.

Please tick (✓) to indicate your ability carrying out the activities listed below during the last two weeks. Please fill in both sections:
A: 'How do you do it **without** using an aid/gadget, alternate method or help?' If you do not normally do the activity, tick "not applicable".
B: 'How else do you do it **with** an aid/gadget or alternate method?' Fill in the middle columns. Leave B blank if you tick "no" or "have help."

5. COOKING	A. How do you do it without an aid/ gadget, alternate method or help?						Do you use an aid or other method?		Have help/ Someone does it for me	B. If yes, how else do you do it with an aid/gadget or alternate method?					
	Not Applicable	Without difficulty	Some difficulty	Much difficulty	Unable to do	Score	Yes	No		Please describe below which aid/s or other method/s you use?	Without difficulty	Some difficulty	Much difficulty	Unable to do	Score
1. Stand while working in the kitchen				✓		2	✓			Perch stool	✓				0
2. Set the table/ carry plates, cups etc				✓		2			✓						2
3. Peel and chop vegetables				✓		2	✓			Easy Peeler; bigger knife. Use frozen.	✓				0
4. Carry a full pan to/ from the cooker			✓			1		✓							1
5. Drain water from a saucepan (e.g. vegetables, pasta)				✓		2		✓							2
6. Remove heavy items (e.g. bag of sugar) from top cupboards				✓		2	✓			Wear splint; keep heavy items low down		✓			1
7. Baking (eg. Cakes, bread, pastry)	✓					0									0
8. Take things in/out of oven				✓		2		✓							2

Please tick (✓) to indicate your ability carrying out the activities listed below **during the last two weeks**. Please fill in **both** sections:
A: 'How do you do it **without** using an aid/gadget, alternate method or help?' If you do not normally do the activity, tick "not applicable".
B: 'How else do you do it **with** an aid/gadget or alternate method?' Fill in the middle columns. Leave B blank if you tick "no" or "have help."

5. COOKING (continued)	A. How do you do it without an aid/ gadget, alternate method or help?						Do you use an aid or other method?		Have help/ Someone does it for me	B. If yes, how else do you do it with an aid/gadget or alternate method?						
	Not Applicable	Without difficulty	Some difficulty	Much difficulty	Unable to do	Score	Yes	No		Please describe below which aid/s or other method/s you use?	Without difficulty	Some difficulty	Much difficulty	Unable to do	Score	
9.Wash up				✓		2	✓			Dishwasher	✓				0	
10.Put crockery/pans etc into kitchen cupboards			✓			1		✓							1	
11.Use a kettle (e.g. fill, pour)				✓		2		✓							2	
12.Turn cooker knobs		✓				0									0	
13.Open fridge door		✓				0									0	
14.Prepare and cook a snack and/or a meal				✓		2	✓			Gadgets help, still tired		✓			1	
Total Score: Section A =						20				Total Score: Section B =						12

Please tick (✓) to indicate your ability carrying out the activities listed below during the last two weeks. Please fill in **both** sections:
A: 'How do you do it **without** using an aid/gadget, alternate method or help?' If you do not normally do the activity, tick "not applicable".
B: 'How else do you do it **with** an aid/gadget or alternate method?' Fill in the middle columns. Leave B blank if you tick "no" or "have help."

8. LAUNDRY/ CLOTHES CARE	A. How do you do it without an aid/ gadget, alternate method or help?						Do you use an aid or other method?		Have help/ Some- one does it for me	B. If yes, how else do you do it with an aid/gadget or alternate method?						
	Not Applicable	Without difficulty	Some difficulty	Much difficulty	Unable to do	Score	Yes	No		Please describe below which aid/s or other method/s you use?	Without difficulty	Some difficulty	Much difficulty	Unable to do	Score	
1.Do the hand washing				✓		2	✓			Use wash machine for everything	✓				0	
2.Use a washing machine (e.g. load and unload)		✓				0		✓							0	
3.Hang out washing				✓		2	✓			Use tumble drier for everything	✓				0	
4.Plug in and pull out a plug				✓		2	✓			Plug pulls	✓				0	
5.Put up an ironing board			✓			1		✓	✓	Husband does					1	
6.Iron			✓			1	✓			Little and often; wear wrist splint; only what need to	✓				0	
7.Do small repairs e.g. hemming, buttons			✓			1		✓							1	
8.Cut cloth and/ or use scissors			✓			1		✓							1	
9.Pick up pins/needles			✓			1	✓			magnet	✓				0	
Total Score: Section A =						11				Total Score: Section B =						3

**APPENDIX 2: RASCH TRANSFORMATION TABLE
FOR RHEUMATOID ARTHRITIS.**

Domains 1-12 (Self-Care and Mobility/Participation
Components): pages 17-24

Domains 13 & 14: page 25

Key:

RAW = summed domain/ component score from ordinal (raw) scores

Rasch T = Rasch transformed score

Examples:

Eating domain: if score = 20, the Rasch transformed score = 16.5

Self-Care component: If score = 49, the Rasch transformed score = 75.5

Bathing domain: if score = 27, the Rasch transformed score = 23.4

Mobility/Participation component: If score = 101, the Rasch transformed score = 74.6

The Rasch Transformation Table is available in an Excel file from the lead author. Note: this table is for use in Rheumatoid Arthritis. Please contact the lead author for tables for other conditions. An updated version of this manual with these other tables will be available in future.

Self-care	Self-Care								Mobility	Mobility					
RAW	Rasch T	Eat	Bathroom	Dress	Cook	Clean	Laundry	Commun	RAW	Rasch T	Bathing	Indoor	Transfer	Outdoor	Garden
0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0
1	17.0	2.5	2.5	2.7	3.3	2.8	2.6	1.0	1	11.8	3.4	2.9	1.7	3.4	3.5
2	27.4	4.3	4.2	4.5	5.5	4.8	4.4	1.7	2	19.2	5.8	4.9	3.0	5.8	5.9
3	33.7	5.5	5.2	5.8	7.0	6.2	5.6	2.3	3	23.8	7.4	6.3	3.9	7.4	7.7
4	38.2	6.5	6.1	6.8	8.2	7.2	6.6	2.8	4	27.1	8.7	7.4	4.7	8.7	9.1
5	41.6	7.3	6.8	7.7	9.2	8.2	7.3	3.2	5	29.6	9.8	8.4	5.5	9.8	10.3
6	44.3	8.1	7.4	8.5	10.2	9.0	8.1	3.7	6	31.7	10.8	9.3	6.2	10.8	11.3
7	46.6	8.8	7.9	9.3	11.0	9.7	8.7	4.2	7	33.5	11.8	10.1	7.0	11.7	12.3
8	48.6	9.5	8.4	10.1	11.9	10.3	9.4	4.9	8	35.0	12.6	10.9	7.8	12.5	13.1
9	50.3	10.1	8.8	10.9	12.7	10.9	10.0	5.6	9	36.4	13.3	11.6	8.7	13.2	13.8
10	51.8	10.7	9.2	11.8	13.4	11.5	10.5	6.4	10	37.7	14.0	12.2	9.5	13.9	14.3
11	53.2	11.2	9.6	12.6	14.2	12.0	11.1	7.4	11	38.8	14.7	12.9	10.4	14.5	14.8
12	54.4	11.8	9.9	13.5	14.9	12.5	11.7	8.4	12	39.8	15.3	13.4	11.2	15.1	15.3
13	55.6	12.3	10.3	14.4	15.6	13.0	12.3	9.6	13	40.8	15.8	14.0	12.0	15.6	15.7
14	56.6	12.9	10.7	15.3	16.3	13.5	12.9	10.9	14	41.7	16.3	14.5	12.9	16.1	16.1
15	57.6	13.4	11.0	16.2	17.0	14.0	13.5	12.3	15	42.5	16.8	15.1	13.7	16.5	16.5
16	58.5	13.9	11.4	17.1	17.7	14.5	14.1	13.8	16	43.3	17.3	15.6	14.7	17.0	17.0
17	59.4	14.5	11.8	18.0	18.3	15.1	14.7	15.7	17	44.1	17.8	16.1	16.1	17.4	17.4
18	60.2	15.1	12.2	18.9	19.0	15.7	15.4	18.0	18	44.8	18.2	16.6	18.0	17.8	18.0
19	60.9	15.8	12.6	19.8	19.6	16.3	16.1		19	45.5	18.7	17.1		18.2	18.7
20	61.7	16.5	13.1	20.6	20.3	17.0	16.9		20	46.2	19.2	17.6		18.6	19.6
21	62.4	17.2	13.6	21.4	20.9	17.7	17.7		21	46.8	19.7	18.2		19.0	21.0
22	63.0	18.0	14.2	22.2	21.5	18.6	18.5		22	47.2	20.2	18.8		19.4	
23	63.7	18.9	14.9	22.9	22.2	19.5	19.5		23	48.0	20.7	19.4		19.9	
24	64.3	19.9	15.6	23.6	22.8	20.7	20.6		24	48.6	21.3	20.0		20.4	
25	64.9	21.0	16.5	24.3	23.5	22.1	22.0		25	49.2	21.9	20.7		20.9	
26	65.5	22.1	17.4	25.0	24.1	24.1	24.1		26	49.7	22.6	21.5		21.4	
27	66.0	23.4	18.4	25.6	24.8	27.0	27.0		27	50.2	23.4	22.3		22.0	
28	66.6	25.0	19.6	26.4	25.5				28	50.7	24.2	23.2		22.7	

Self-Care	Self-Care									Mobility	Mobility					
RAW	Rasch T	Eat	Bathroom	Dress	Cook	Clean	Laundry	Commun	RAW	Rasch T	Bathing	Indoor	Transfers	Outdoor	Garden	
29	67.1	27.1	20.9	27.1	26.2				29	51.2	25.2	24.2		23.4		
30	67.6	30.0	22.2	28.0	27.0				30	51.7	26.3	25.2		24.2		
31	68.1		23.8	29.1	27.7				31	52.1	27.8	26.3		25.1		
32	68.6		25.4	30.7	28.5				32	52.6	29.9	27.5		26.1		
33	69.0		27.2	33.0	29.2				33	53.0	33.0	28.9		27.1		
34	69.5		29.3		30.0				34	53.4		30.5		28.3		
35	69.9		32.1		30.9				35	53.9		32.8		29.6		
36	70.4		36.0		31.8				36	54.2		36.0		31.0		
37	70.8				32.7				37	54.6				32.9		
38	71.2				33.8				38	55.0				35.4		
39	71.6				35.0				39	55.4				39.0		
40	72.1				36.5				40	55.7						
41	72.5				38.8				41	56.1						
42	72.9				42.0				42	56.4						
43	73.2								43	56.8						
44	73.6								44	57.1						
45	74.0								45	57.4						
46	74.4								46	57.7						
47	74.8								47	58.0						
48	75.1								48	58.3						
49	75.5								49	58.6						
50	75.8								50	58.9						
51	76.2								51	59.2						
52	76.5								52	59.5						
53	76.9								53	59.8						
54	77.2								54	60.1						
55	77.6								55	60.3						

Self-Care RAW	Self-care Rasch T	Mobility RAW	Mobility Rasch T
56	77.9	56	60.6
57	78.2	57	60.9
58	78.6	58	61.1
59	78.9	59	61.4
60	79.2	60	61.7
61	79.6	61	61.9
62	79.9	62	62.2
63	80.2	63	62.5
64	80.5	64	62.7
65	80.8	65	63.0
66	81.1	66	63.2
67	81.4	67	63.5
68	81.7	68	63.8
69	82.0	69	64.0
70	82.3	70	64.3
71	82.7	71	64.5
72	83.0	72	64.8
73	83.2	73	65.1
74	83.5	74	65.4
75	83.8	75	65.6
76	84.1	76	65.9
77	84.4	77	66.2
78	84.7	78	66.5
79	85.0	79	66.7
80	85.3	80	67.0
81	85.6	81	67.3
82	85.9	82	67.6
83	86.1	83	67.9
84	86.4	84	68.2

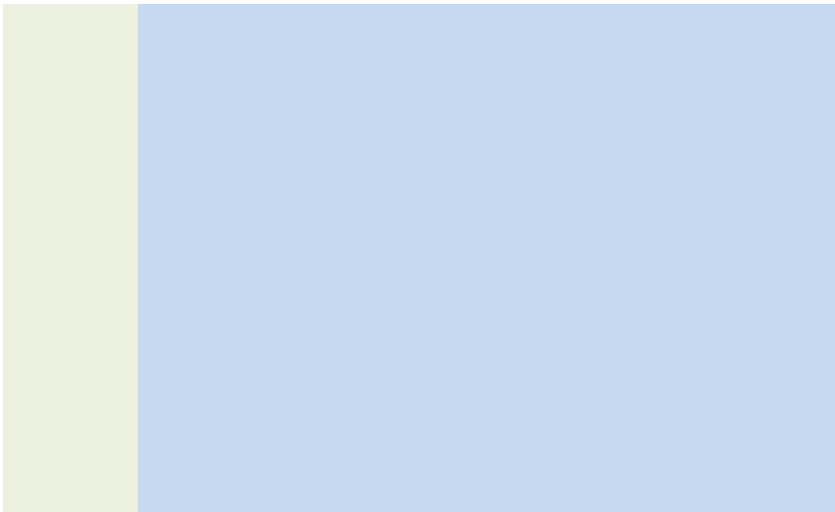
Self-Care	Self-care		Mobility	Mobility
RAW	Rasch T		RAW	Rasch T
85	86.7		85	68.5
86	87.0		86	68.9
87	87.3		87	69.2
88	87.6		88	69.5
89	87.8		89	69.9
90	88.1		90	70.2
91	88.4		91	70.6
92	88.7		92	70.9
93	89.0		93	71.3
94	89.3		94	71.7
95	89.5		95	72.1
96	89.8		96	72.5
97	90.1		97	72.9
98	90.4		98	73.3
99	90.7		99	73.7
100	90.9		100	74.2
101	91.2		101	74.6
102	91.5		102	75.1
103	91.8		103	75.6
104	92.1		104	76.1
105	92.3		105	76.6
106	92.6		106	77.1
107	92.9		107	77.7
108	93.2		108	78.3
109	93.5		109	78.9
110	93.8		110	79.4
111	94.0		111	80.1
112	94.3		112	80.7
113	94.6		113	81.3
114	94.9		114	82.0

Self-Care	Self-care			Mobility	Mobility
RAW	Rasch T			RAW	Rasch T
115	95.2			115	82.7
116	95.5			116	83.4
117	95.8			117	84.1
118	96.1			118	84.9
119	96.3			119	85.7
120	96.6			120	86.5
121	96.9			121	87.3
122	97.2			122	88.1
123	97.5			123	89.0
124	97.8			124	89.9
125	98.1			125	90.8
126	98.4			126	91.8
127	98.7			127	92.8
128	99.1			128	93.8
129	99.4			129	94.9
130	99.7			130	96.0
131	100.0			131	97.2
132	100.3			132	98.4
133	100.6			133	99.6
134	101.0			134	101.0
135	101.3			135	102.4
136	101.6			136	103.9
137	101.9			137	105.5
138	102.3			138	107.2
139	102.6			139	109.0
140	102.9			140	111.0
141	103.3			141	113.3
142	103.6			142	115.9
143	104.0			143	118.9

Self-Care	Self-care	Mobility	Mobility
RAW	Rasch T	RAW	Rasch T
144	104.3	144	122.6
145	104.7	145	127.6
146	105.0	146	135.2
147	105.4	147	147.0
148	105.7		
149	106.1		
150	106.5		
151	106.8		
152	107.2		
153	107.6		
154	108.0		
155	108.4		
156	108.7		
157	109.1		
158	109.6		
159	110.0		
160	110.4		
161	110.8		
162	111.2		
163	111.6		
164	112.0		
165	112.5		
166	112.9		
167	113.4		
168	113.8		
169	114.3		
170	114.7		
171	115.2		
172	115.7		
173	116.2		

Self-Care	Self-care
RAW	Rasch T
174	116.8
175	117.3
176	117.8
177	118.4
178	119.0
179	119.6
180	120.2
181	120.9
182	121.5
183	122.2
184	122.9
185	123.7
186	124.5
187	125.3
188	126.2
189	127.1
190	128.1
191	129.1
192	130.2
193	131.3
194	132.5
195	133.9
196	135.3
197	136.7
198	138.3
199	140.0
200	141.9
201	143.9
202	146.0
203	148.4

Self-Care	Self-care
RAW	Rasch T
204	150.9
205	153.8
206	156.9
207	160.5
208	164.6
209	169.5
210	175.5
211	183.5
212	195.3
213	213.0



RAW	Caring	Hobbies
0	0.0	0.0
1	1.9	3.5
2	3.3	6.1
3	4.4	8.0
4	5.4	9.6
5	6.2	10.9
6	7.0	11.7
7	7.8	12.2
8	8.6	12.6
9	9.4	12.8
10	10.3	13.1
11	11.4	13.2
12	12.7	13.4
13	14.0	13.6
14	15.4	13.8
15	16.6	13.9
16	17.6	14.1
17	18.5	14.3
18	19.2	14.6
19	19.9	14.8
20	20.5	15.1
21	21.1	15.6
22	21.7	16.3
23	22.5	17.5
24	23.2	19.1
25	24.0	21.0
26	25.2	23.5
27	27.0	27.0