COPCORD BHIGWAN PROJECT 2022 QUESTIONNAIRE

STAGE I : PHASE II

ID No. _____ Ward No. _____ House No. _____ Date _____

Electoral No. _____ Bhigwan Residence Since _____ ☐ Self Completed ☐ Interview Based

Name : Last _____ First _____ Middle/Initial _____

Address _____ Phone _____

Height _____ cms. Weight _____ BP _____

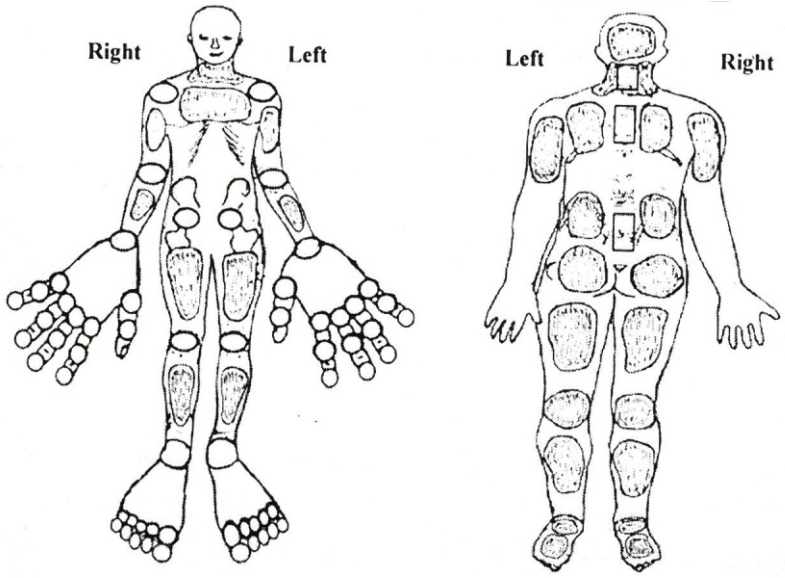
SECTION 'A' : JOINT PAIN, SOFT - TISSUE / MUSCLE PAIN, SWELLING, STIFFNESS

*A1. **Do you have painful joint &/or soft tissue/musculoskeletal pain &/or swollen joints &/or stiff joints &/or stiff back &/or less movement in any joint &/or less movement of the back or neck**

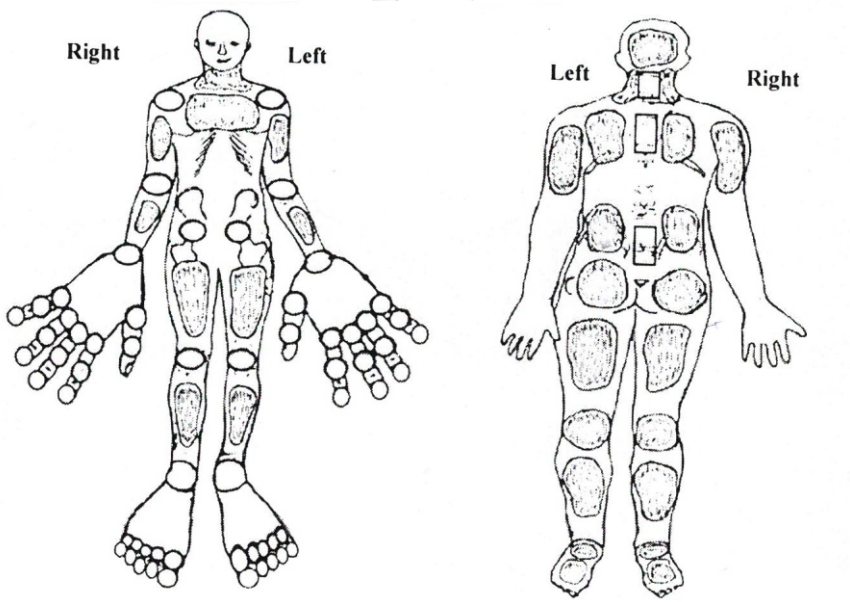
☐ **NO** ☐ **YES**, If **YES**, indicate your Joint pain by "✓" and Swelling by "+", in the figure below.

Is your pain ☐ Persistent / Chronic ☐ Episodic ?

A2. **Do you have painful joint &/or soft tissue/musculoskeletal pain <u>LAST 7 days (Current)</u> ☐ NO ☐YES**



A3. **Do you have swollen joint <u>LAST 7 days (Current)</u> ☐ NO ☐ YES**



A4. **CURRENT PAIN :**

a. Onset of current joint pain/stiffness: _____

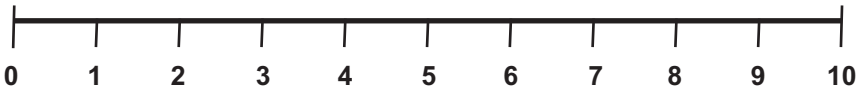
b. Sites of maximum current pain: _____

c. Sites of current limited movement: _____

d. Which joint move less: _____

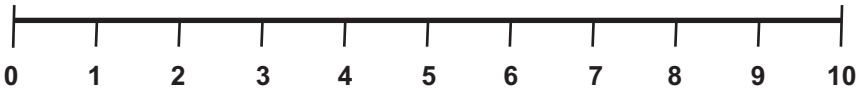
e. Intensity of your **Current Pain (LAST 7 days)?** ☐ NIL ☐ MILD ☐ MODERATE ☐ SEVERE ☐ VERY SEVERE

f. Current Pain VAS: Place a vertical cross on line below to indicate maximum pain in last 24 hours on BED REST



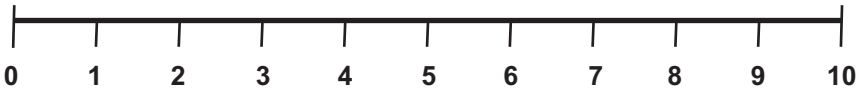
Absent Maximum possible pain

g. Current Pain VAS: Place a vertical cross on line below to indicate maximum pain in last 24 hours on HOUSEWORK/FIELD WORK



Absent Maximum possible pain

h. Current Pain VAS: Place a vertical cross on line below to indicate maximum pain in last 24 hours on WALKING



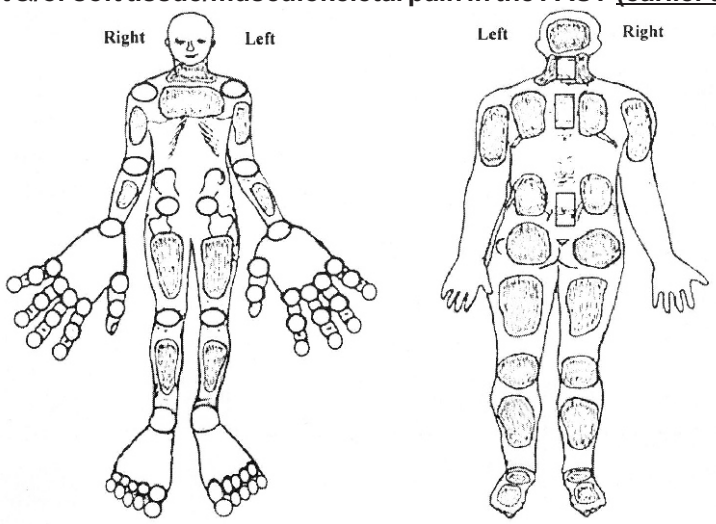
Absent Maximum possible pain

i. CURRENT PAIN : What **increases** Pain? ☐ House Work ☐ Field Work ☐ Bed Rest ☐ Getting up from squat ☐ Getting up from cross-legged position ☐ Climbing steps up ☐ Coming down steps ☐ Uneven ground ☐ Exercise ☐ Yoga

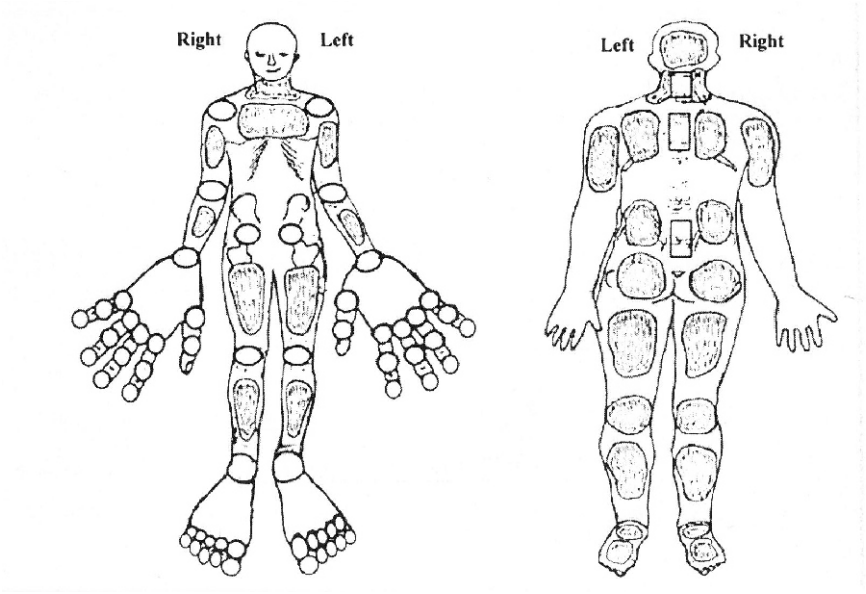
j. CURRENT PAIN: What **reduces** Pain? ☐ Bed rest ☐ Chair rest ☐ Squat ☐ Sit cross-legged ☐ House work ☐ Field work ☐ Exercise ☐ Yoga ☐ Pain killer tablet ☐ Local oil massage ☐ Local Ointment ☐ Meditation ☐ Others _____

[NOTE : TICK THE APPLICABLE BOX. IF SOME ACTIVITY IS NOT DONE, STRIKE IT ACROSS (eg. ☐ ~~Squat~~)]

A5. **Do you have painful joint &/or soft tissue/musculokeletal pain in the PAST <u>(earlier than 7 days)</u> ? ☐ NO ☐ YES**

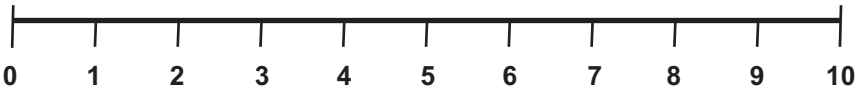


A6. **Do you have swollen joint PAST (earlier than 7 days)?** ☐ **NO** ☐ **YES**



A7. **Intensity of your pain in the Past?** ☐ NIL ☐ MILD ☐ MODERATE ☐ SEVERE ☐ VERY SEVERE

PAST Pain VAS: Place a vertical cross on line below to indicate maximum pain in the PAST (earlier than 7 days)?

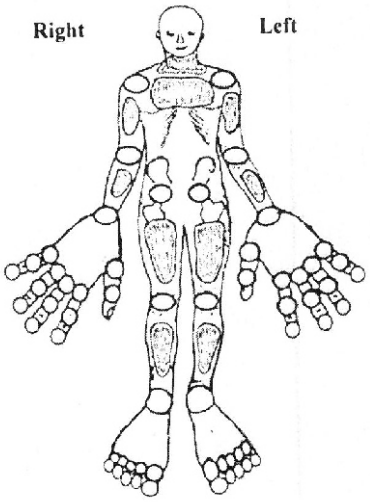


Absent Maximum possible pain

A8. **Do you have any JOINT Deformities?** ☐ **NO** ☐ **YES,**

If YES, indicate "√" in manikin below

Wrist: ☐ Complete ☐ Incomplete



_____

_____

_____

SECTION 'B' : OTHER FEATURES

B1. **Early morning stiffness** _____minutes.

B2. **Fatigue** ☐ NIL ☐ MILD ☐ MODERATE ☐ SEVERE

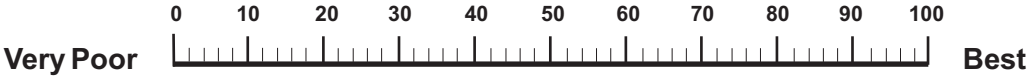
B3. Do you have any **Sleep** problem ? ☐ **NO** ☐ **YES**

B4. Are you **Depressed** easily ? ☐ NO ☐ YES - If yes, is it due to rheumatic pain? Clarify_____

B5. Did your pain start after **CHIKUNGUNYA** Fever ? ☐ **NO** ☐ **YES**

If **YES,** ☐ Immediately after CHIK ☐ _____ Months after Chikungunya.

B6. **Estimate of current (within 1 month) General health**



SECTION 'C' : IMPACT OF FUNCTIONAL DISABILITY (optional) :

***C1.** What is the effect, if any, of pain / disability on your life activities as outlined below **?**

(NOTE : There is no specific definition of mild, moderate, severe. It is according to your understanding and perceptions)

	NA	NONE	MILD	MODERATE	SEVERE
FAMILY RELATIONS	☐	☐	☐	☐	☐
SOCIAL RELATIONS	☐	☐	☐	☐	☐
MARITAL RELATIONS (including sexual activities)	☐	☐	☐	☐	☐
FINANCIAL POSITION	☐	☐	☐	☐	☐
BUSINESS	☐	☐	☐	☐	☐
ABILITY TO WORK	☐	☐	☐	☐	☐
ABILITY TO ATTEND SCHOOL/COLLEGE	☐	☐	☐	☐	☐
HOBBY	☐	☐	☐	☐	☐
GAMES	☐	☐	☐	☐	☐
OTHERS, SPECIFY _____	☐	☐	☐	☐	☐

SECTION 'D' : CLINICAL SYSTEMIC PROFILE

D1. (a) Course of illness : ☐ Slowly Progressive ☐ Rapid Progressive ☐ Intermittent arthritis ☐ other_____

(b) If your pain is recurrent, how long does the episode last ☐ few days ☐ 4-6 weeks ☐ 6-12 weeks ☐ >3 months

Current / Past Symtoms

SECTION 'E' : FAMILY HISTORY

E 1. Have you attended COPCORD clinic (in Gram Panchayat)? ☐ NO ☐ YES

E 2. Did your Family member take part in COPCORD program in 1996? ☐ NO ☐ YES

If Yes, was he/she a patient? ☐ NO ☐ YES, If Yes,

i)Name of patient _____Relationship_____

What is the current status? ☐ Healthy ☐ Patient : ☐ Living ☐ Dead ☐ Migrated ☐ Remark _____

ii)Name of patient _____Relationship_____

What is the current status? ☐ Healthy ☐ Patient : ☐ Living ☐ Dead ☐ Migrated ☐ Remark _____

iii)Name of patient _____Relationship_____

What is the current status? ☐ Healthy ☐ Patient : ☐ Living ☐ Dead ☐ Migrated ☐ Remark _____

iv)Name of patient _____Relationship_____

What is the current status? ☐ Healthy ☐ Patient : ☐ Living ☐ Dead ☐ Migrated ☐ Remark _____

v)Name of patient _____Relationship_____

What is the current status? ☐ Healthy ☐ Patient : ☐ Living ☐ Dead ☐ Migrated ☐ Remark _____

E3. Has anyone in your family has history of Arthritis ? ☐ NO ☐ YES, If Yes,

☐ RA ☐ Old Age Arthritis ☐ STR ☐ Gout ☐ Other

SECTION 'F' : TREATMENT

(Note you may add other details like 'diet', 'medical aid systems e.g. insurance, etc')

F1. WHICH TYPE OF TREATMENT HAVE YOU TAKEN IN THE PAST *(Adopt to regional needs):-*

☐ PHYSIOTHERAPY ☐ YOGA ☐ MEDITATION ☐ ACUPUNCTURE ☐ ACCUPRESSURE

☐ HOMEOPATHY ☐ NATUROPATHY ☐ UNANI ☐ SIDDHI ☐ HERBAL ☐ OTHER ☐ UNKNOWN

☐ **ALLOPATHY / MODERN MEDICINE :** ☐ MBBS ☐ MD PHYSICIAN ☐ ORTHOPEDIC SURGERY

☐ RHEUMATOLOGIST ☐ NOT KNOWN ☐ OTHERS _____

AYURVED : ☐ **NO** ☐ **YES,** if **YES** What was it ? ☐ Local application (Lep) ☐ Herbal Tablets ☐ Fasting

☐ BASTI ☐ Panchakarma ☐ Massage ☐ Leech Therapy ☐ Vaidu ☐ Special Diet _____

☐ Other_____

F2. Do you take treatment from ☐ PHC ☐ Government Clinic/Hospital ☐ Private Clinic/Hospital ☐ Others_____

F3. Have you used pain killers in last 1 month ? ☐ **NO** ☐ **YES,**

If **YES,** ☐ Daily ☐ 2-4 times a week ☐ 5-6 times a week ☐ Infrequently

F4. Do you have medical insurance ? ☐ **NO** ☐ **YES.**

F5. Are you under authorized medical care ☐ **NO** ☐ **YES.** If **Yes,** ☐ Government (e.g. CGHS)

☐ Non-Government (Employee)

F6. Any further information from patient_____

_____

SECTION 'G' : DIFFICULTY PERFORMING SPECIFIC TASKS :

Note : Modified HAQ (CRD Pune, India Version) that was developed and validated for Indian use and in COPCORD Bhigwan, Pune. (India) (Ref. www.rheumatologyindia.org for details/scoring)☐ SELF REPORTED☐ INTERVIEW

ARE YOU ABLE TO	WITHOUT ANY DIFFICULTY	WITH SOME DIFFICULTY	WITH MUCH DIFFICULTY	UNABLE TO DO	NA	SCORE
I) DRESSING						
1. Dress yourself plus doing button ?	☐	☐	☐	☐	☐	☐
2. Wash your hair ?	☐	☐	☐	☐	☐	☐
3. Comb your hair ?	☐	☐	☐	☐	☐	☐
II) RISING						
4. Stand up straight from a chair ?	☐	☐	☐	☐	☐	☐
5. Get in & out of bed?	☐	☐	☐	☐	☐	☐
6. Sit cross-legged on floor & get up?	☐	☐	☐	☐	☐	☐
III) EATING						
7. Cut Vegetable?	☐	☐	☐	☐	☐	☐
8. Lift a full cup or glass to your mouth ?	☐	☐	☐	☐	☐	☐
9. Break chapatti with one hand?	☐	☐	☐	☐	☐	☐
IV) WALKING						
10. Walk outdoors on flat ground?	☐	☐	☐	☐	☐	☐
11. Climb up five steps?	☐	☐	☐	☐	☐	☐
V) HYGIENE						
12. Take a bath ?	☐	☐	☐	☐	☐	☐
13. Wash & Dry your body?	☐	☐	☐	☐	☐	☐
14. Get on & off the toilet ?	☐	☐	☐	☐	☐	☐
Toilet : ☐ Indian ☐ Commode ☐ Farm						
During Toilet : ☐Sit & Support ☐ Stand						
☐ Stand & Support						
VI) REACHING						
15. Reach & get down a 2 kg. object (such as bag of sugar) from just above your head?	☐	☐	☐	☐	☐	☐
16. Bend down to pick up clothing from the floor?	☐	☐	☐	☐	☐	☐
VII) GRIP						
17. Open a bottle previously opened?	☐	☐	☐	☐	☐	☐
18. Turn taps on and off?	☐	☐	☐	☐	☐	☐
19. Open door latches?	☐	☐	☐	☐	☐	☐
VIII)ACTIVITIES/OCCUPATION						
20. Work in office / house ?	☐	☐	☐	☐	☐	☐
21. Run errands and shop ?	☐	☐	☐	☐	☐	☐
22. Get in & out of a bus ?	☐	☐	☐	☐	☐	☐
23. Get in & out of a car / Auto Rikshaw ?	☐	☐	☐	☐	☐	☐
NA : Not applicable /relevant				**TOTAL SCORE**		

Please check any **AIDS** or **DEVICES** that you usually use for any of these activities :

☐Cane ☐ Walker ☐ Crutches ☐ Wheelchair ☐ Special Built Up Chair ☐ Raised Toilet Seat

Categories for which you need **HELP FROM ANOTHER PERSON.**

☐Dressing & Grooming ☐ Eating ☐ Arising ☐ Walking ☐ Hygiene ☐ Reach ☐ Grip ☐ Errands

Thank you for your co-operation & assistance

NAME OF HEALTH WORKER :_____

INSTRUCTIONS : *The respondent should be encouraged to complete this questionnaire. The Health Worker should provided necessary explanations but should not prompt answers or bias the respondent in any measure. In case, the Health Worker is asked to complete this questionnire, sections effort must be made to correctly fill the information as volunteered by the respondent.*