

PROPOSED WHO-ILAR COPCORD QUESTIONNAIRE 2006
STAGE I – PHASE II

Village/Town/Center : _____ ID No _____ Serial No _____ Date _____

Last Name _____ Name _____ Middle Name/Initial _____

Explanation of study : Rheumatic or musculoskeletal diseases affect a large portion of our population -- both in the rural and urban sector. This COPCORD community project was designed by World Health Organization (WHO)/ International League against Rheumatism (ILAR) to find out the 'extent' of these diseases / problems in different parts of the World. A similar model is being used in this project to study your problem. Subsequently, better health services can be planned & provided to the community. All information provided by you will be treated as confidential, and not affect your ongoing medical care in any way. The entire information collected will be analyzed and used for purposes of medical research, health education and planning of health services.

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 manner. In case, the Health Worker is asked to complete this questionnaire, serious effort must be made to correctly fill the information as volunteered by the respondent.

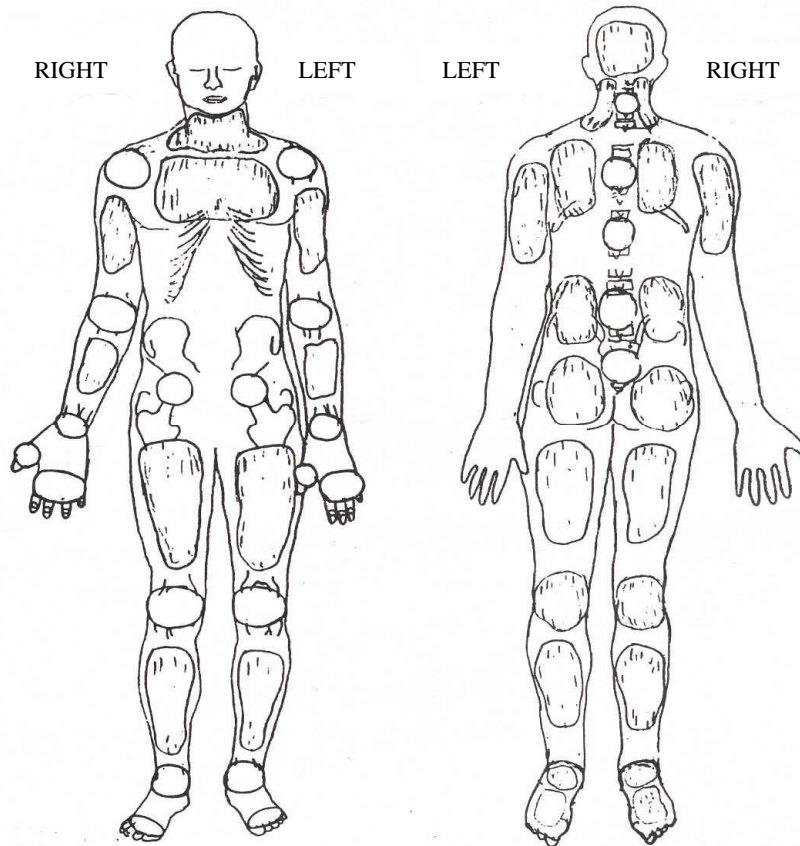
Please tick the correct entry in the box or indicate on the human manikin (see figure below) with “√” mark. Circles on the human manikin generally indicate well known regions of joints or back bone. Shaded areas on the manikin generally indicate areas of soft tissues that are often painful. But YOU may mark anywhere on the manikin to indicate your pain/or swelling. YOU may make multiple 'marks' on the manikin. When describing a joint or other body site, please indicate 'R' for right, 'L' for left, and 'B' for both sides.

SELF COMPLETED INTEVIEW BASED

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 during the LAST 7 days (Current)?**

NO YES, If YES, indicate your pain by “√”, and swelling by “+” in the figure below.



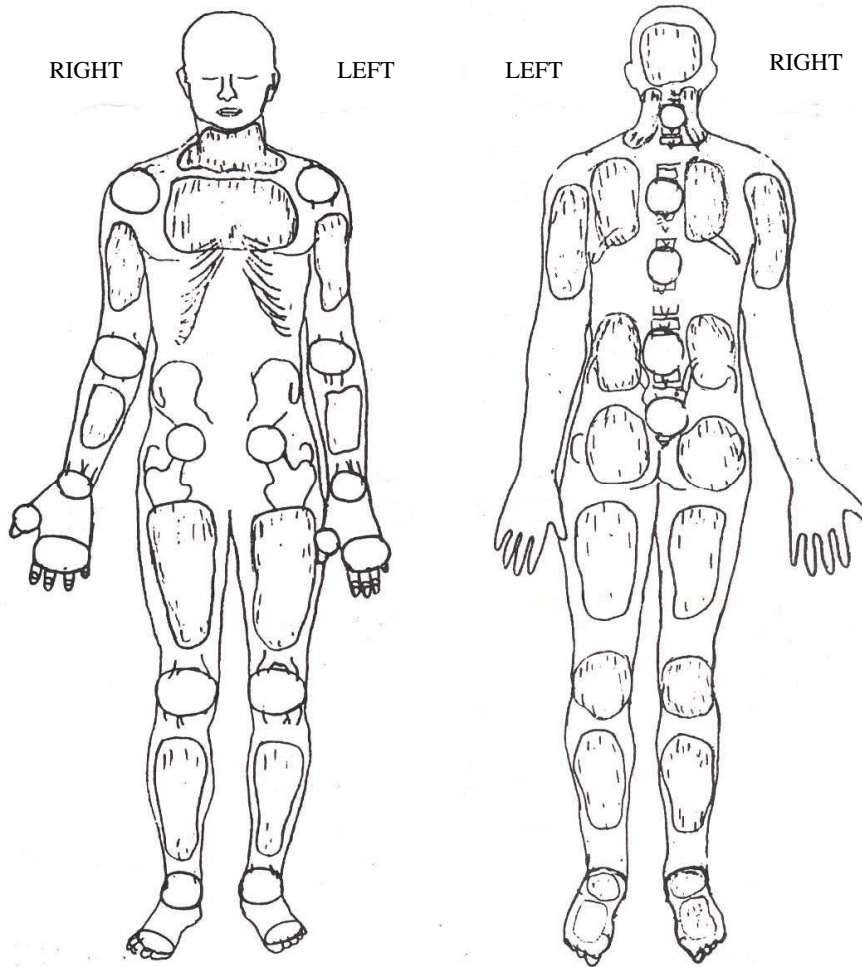
Sites of maximum current pain : _____

Sites of current Stiffness _____

Sites of current limited movement _____

***A2. 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 in the PAST (earlier than 7 days)?**

NO YES, If YES, indicate your pain by “√”, and swelling by “+” in the figure below



Sites of maximum past pain : _____

Sites of past Stiffness _____

Sites of past limited movement _____

(a) When did you first suffer from pain ? _____

(b) If you had pain in the past, how long was the last episode ? _____

(c) If you had pain in the past, since when are you free from pain ? _____

(d) If your pain is recurrent, how long does the episode last few days 4 – 6 weeks 6 – 12 weeks
 more than 3 months

***A3. Intensity of your pain ?**

(i) IN THE PAST NIL MILD MODERATE SEVERE VERY SEVERE

(ii) CURRENT (PAST 7 DAYS) NIL MILD MODERATE SEVERE VERY SEVERE

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

*B1. What is the effect if any of pain / disability on your life activities as outlined below?

(NOTE: Strike out (---) any activity that is not applicable or of interest. There is no specific definition of mild, moderate, severe. It is according to your understanding and perception.)

	NONE	MILD	MODERATE	SEVERE
FAMILY RELATIONS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SOCIAL RELATIONS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
MARITAL RELATIONS (including sexual activities)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
FINANCIAL POSITION	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
BUSINESS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ABILITY TO WORK	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ABILITY TO ATTEND SCHOOL / COLLEGE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
HOBBY	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
GAMES	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
OTHERS, SPECIFY	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

*B2.(i) Have you stopped work due to pain / disability?

NO YES, If YES, please specify reason:- _____

(ii) Have you altered / changed your work / job due to pain / disability?

NO YES, If YES, please specify _____

B3. Are you depressed easily? NO YES: - If yes, is it due to rheumatic pain ? Clarify _____

REMARK: (You may consider other issues like 'effect on sleep', etc)

***SECTION ‘C’: DIFFICULTY PERFORMING SPECIFIC TASKS :**

Note: You may address individual items such as walk, drive, lift weights, bathing, toilet, etc. Or else preferably, you may use any standard validated instrument to assess disability/ impairment/difficulty in performing tasks. It is advised that you chose a broad based popular instrument such as the ‘Stanford Modified Health Assessment Questionnaire’ (HAQ). You may also prefer to use a generic health instrument like the WHO-QOL (Brief) or SF-36. But the instrument should be suitable for local/regional use.

Here we illustrate the modified HAQ (CRD Pune, India Version) that was developed and validated for Indian use and in COPCORD Bhisgan/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?	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
I) RISING 4. Stand up straight from a chair? 5. Get in & out of bed ? 6. Sit cross-legged on floor & get up?	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
III) EATING 7. Cut vegetable ? 8. Lift a full cup or glass to your mouth ? 9. Break chapatti with one hand ?	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
IV) WALKING 10. Walk outdoors on flat ground? 11. Climb up five steps?	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	
V) HYGIENE 12. Take a bath? 13. Wash & dry your body? 14. Get on & off the toilet? Toilet: <input type="checkbox"/> Indian <input type="checkbox"/> WC/ Raised Seat Mode: <input type="checkbox"/> Sit & Support <input type="checkbox"/> Stand <input type="checkbox"/> Stand & Support	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
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 ?	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	
VII) GRIP 17. Open a bottle previously opened? 18. Turn taps on and off? 19. Open door latches?	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
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 rickshaw?	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	

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

SECTION 'D' : TREATMENT :

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

*D1. WHICH TYPE OF TREATMENT HAVE YOU TAKEN IN THE PAST (*Adapt to regional needs*):-

- | | |
|--|--------------------------------------|
| <input type="checkbox"/> ALLOPATHY / MODERN MEDICINE | <input type="checkbox"/> HERBAL |
| <input type="checkbox"/> PHYSIOTHERAPY | <input type="checkbox"/> YOGA |
| <input type="checkbox"/> HOMEOPATHY | <input type="checkbox"/> MEDICATION |
| <input type="checkbox"/> MASSAGE | <input type="checkbox"/> UNKNOWN |
| <input type="checkbox"/> OTHER _____ | <input type="checkbox"/> OTHER _____ |
| <input type="checkbox"/> OTHER _____ | <input type="checkbox"/> OTHER _____ |

D2. Any further information from patient? _____

Thank you for your co-operation & assistance

NAME OF HEALTH WORKER: _____

Qualification of Health Worker Completed School Graduate Post –Graduate, Others _____Occupation Trained Health Worker Volunteer Health Worker Nurse Others, specify _____

Residential Village/ Town : _____ TIME : _____ DATE : _____

Background:

COPCORD was launched by WHO (World Health Organization) and ILAR (International League of Associations for Rheumatology). The community data on rheumatic musculoskeletal disorders is to be collected in a house-house survey (Stage 1) in three phases- demographic data and identifying cases/respondent (Phase I), data on pain and disability (Phase II), and rheumatological examination/evaluation (Phase III). Phase I & II are to be conducted by community health worker/nurse. The earlier versions of COPCORD Core Questionnaire (CCQ) were based on ILAR experience [HA Valkenburg (The Netheland), Richard Wigley (New Zealand), KD Muirden (Australia), & others). The CCQ was later modified and developed [APLAR COPCORD Workshop Korea,1991, Prof S. van der Linden (The Netherlands), J Darmawan (Indonesia), and others). Maintaining basic framework, CCQ was modified and further developed by the fast track COPCORD Bhigwan (India) model and published (APLAR J Rheumatol 1997; 1: 145-154). The current proposed CCQ is based on the latter experience, review at the WHO-ILAR BJD Meeting Vienna, Austria 2005 (Clin Rheumatol 2007; 26: 1217-1227), inputs from several COPCORD investigators and experts, and discussions in the APLAR 2006 (Kuala Lumpur) COPCORD Session (Arvind Chopra, India, and others, Unpublished).

The WHO & UN supported 'The Bone & Joint Decade (BJD) 2000 – 2010 (www.bjdonline.org) has included 'trauma' along with arthritis & osteoporosis amongst the disease target conditions. The BJD program aims to create awareness and empower patients. It will measure the burden of rheumatic and other musculoskeletal disorders and reduce it in time through various community and medical programs.

The investigator is advised not to change the basic CCQ framework template and questions so to ensure standardization and comparability with other similar surveys. Modifications and Additions may be dictated by regional requirements and need investigator discretion. Translations should be carefully made into the local language/ dialect, and further back translated into 'English' by an independent expert to ensure the most appropriate meaning and interpretation before actual use in population survey. The investigator is encouraged to initially test both the Phase I and II questionnaires in a small sample pilot study.