PAS

1. HAQ-DI (see PDF)

Pain Scale
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 ☐ SEVERE PAIN
0.0 0.5 1.0 1.5 2.0 2.5 3.0 3.5 4.0 4.5 5.0 5.5 6.0 6.5 7.0 7.5 8.0 8.5 9.0 9.5 10

Patient global assessment
3. Considering all the ways in which illness and health may affect you at this time, please indicate below how you are doing:

VERY WELL ☐ VERY POORLY
0.0 0.5 1.0 1.5 2.0 2.5 3.0 3.5 4.0 4.5 5.0 5.5 6.0 6.5 7.0 7.5 8.0 8.5 9.0 9.5 10

FOR PHYSICAIN USE ONLY

HAQ-DI ____∗ 3.3 + Pain VAS ____ + Patient Global VAS _____ = _____ /3 = _____

<u>Interpretation</u>
Remission: ≤0.25
Minimal: ≤3.7
Moderate: <8.0
Severe: ≥8.0

Adapted from
1. Wolfe F, Michaud K, Pincus T. A composite disease activity scale for clinical practice, observational studies, and clinical trials: The patient activity scale (PAS/PAS-II). J Rheumatol. 2005 Dec;32(12):2410-5.
2. http://aramis.stanford.edu/HAQ.html