

McMASTER TORONTO ARTHRITIS PATIENT PREFERENCE DISABILITY QUESTIONNAIRE (MACTAR)

Baseline

1. Do you think your arthritis limits your ability to carry out any of your activities? i.e., Are there activities that you used to have no problems with before you had arthritis that you now find painful or have difficulty with because of arthritis?

(Interviewer lists disabilities)

2. Does your arthritis limit:

(a) Any (other) activities around the house such as getting around, cooking, housework, dressing, etc.

(b) Any (other) activities at your work/outside the home/driving, etc.

(c) Any (other) activities such as athletic (e.g., bowling, swimming, golf), or nonathletic (e.g., needlework, wood work, etc.)

(d) Any (other) social activities such as visiting, playing cards, going to church, etc.

3. Which of these activities would you most like to be able to do without the pain or discomfort of your arthritis?

4. Which of these activities would you *next* most like to be able to do without the pain or discomfort of your arthritis?

(The rest of the activities are rank ordered in the same way.)

Follow-up

Each of the disabilities identified at baseline is reviewed as follows:

Since the first interview 8 weeks ago have you noticed any change in your ability to (Name of Disability) No Yes

If yes, has your ability to _____ Improved or become Worse

In the past 2 weeks, were you able to do the following tasks without the use of splints and/or mechanical aids?

	Yes, Without Difficulty	Yes, With Some Difficulty	No, Too Difficult To Do
(a) Turn your head from side to side?	_____	_____	_____
(b) Comb your hair (at back of head)?	_____	_____	_____
(c) Close your drawers (with arms only)?	_____	_____	_____
(d) Open drawers?	_____	_____	_____
(e) Lift a full teapot?	_____	_____	_____
(f) Lift a cup with one hand to drink from it?	_____	_____	_____
(g) Turn a key in a lock?	_____	_____	_____
(h) Cut meat with a knife?	_____	_____	_____
(i) Butter bread?	_____	_____	_____
(j) Wind a watch?	_____	_____	_____

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|--|-------|-------|-------|
| (k) Walk? | _____ | _____ | _____ |
| (l) Walk without: | | | |
| 1. Someone's help | _____ | _____ | _____ |
| 2. Crutches | _____ | _____ | _____ |
| 3. A walking stick | _____ | _____ | _____ |
| (m) Stand up with your knees straight? | _____ | _____ | _____ |
| (n) Stand up on your toes? | _____ | _____ | _____ |
| (o) Bend down to pick something off the floor? | _____ | _____ | _____ |
| (p) Walk up a flight of stairs? | _____ | _____ | _____ |
| (q) Walk down a flight of stairs? | _____ | _____ | _____ |
| (r) Wash your face and hands? | _____ | _____ | _____ |
| (s) Prepare meals? | _____ | _____ | _____ |
| (t) Dress/undress yourself? | _____ | _____ | _____ |
| (u) Stand up from a chair? | _____ | _____ | _____ |
| (v) Do light housework? | _____ | _____ | _____ |
| (w) Get on or off the toilet? | _____ | _____ | _____ |
| (x) Shave yourself? | _____ | _____ | _____ |
| (y) Go shopping? | _____ | _____ | _____ |
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