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EDAQ:

Evaluation of Daily Activity Questionnaire



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Optional:	
NAME:	SITE:
Date of Birth:/ (dd/mm/yyyy)	NHS/ Patient Number:
Therapist/Staff Name:	Date Completed:/(dd/mm/yyyy)

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The Evaluation of Daily Activity Questionnaire (EDAQ): parts 1 and 2.

Adapted by Alison Hammond, Alan Tennant, Sarah Tyson and Ulla Nordenskiöld from the Swedish EDAQ developed by Ulla Nordenskiöld PhD, Sahlgrenska Academy, University of Gothenburg, Sweden.

The EDAQ development and testing was funded by Arthritis Research UK grant 18497. Subsequently, the EDAQ was tested in other musculoskeletal conditions leading to minor modifications of the EDAQ. That work was supported by the United Kingdom Occupational Therapy Research Foundation

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The EDAQ parts 1 to 3 is also available at:

http://usir.salford.ac.uk/30754/

The EDAQ User Manual v2 plus Supplements and support materials are available at:

http://usir.salford.ac.uk/view/authors/10108.html#group monograph

and the lead author's personal website www.profalisonhammond.com (in development)



The EDAQ (Evaluation of Daily Activity Questionnaire) helps us understand about your abilities and problems when doing your daily activities. You may have noticed that using aids, everyday gadgets/ equipment or even different ways of doing things (eg using two hands) reduces some of these problems. Sharing your problems and solutions with us, helps us to help you.

What to do:

There are two parts.

Part One asks about how arthritis is affecting you now.

Part Two asks about your ability to do your daily activities in the last two weeks.

Please answer all questions.

Please take your time filling in the questionnaire. Bring it with you to your next Therapy appointment.

In Part Two:

Think about your ability in the last <u>two weeks</u>. There is an example of how to complete this on page 7. Please read these instructions and the example <u>before</u> filling in.

Each page is divided into two sections. Each question should be answered twice.

Section A (left side of the page):

How you do the activity **without** using aids/ gadgets, alternate methods (e.g. two handed grip) or help?

- If you do not normally do the activity, tick "**Not Applicable**" (e.g. if you do not drive; or someone else always normally does that activity).
- If you <u>no longer</u> do the activity due to arthritis (i.e. someone else now has to do it for you), please tick "**Unable to do**."

Section B (right side of the page)

For **each** activity, please **tick** (✓) in the middle column either:

- Yes: if you use an aid/gadget or alternate method, then <u>always</u> complete Section B on the right side. Describe how you do it with an aid/gadget or alternate method. Then tick
 (✓) how easy/difficult this is.
- **No**: if you do **not** use an aid or alternate method. Do **not** complete the rest of section B.

Or

• If you have help/ someone else does it for you because of your health condition, please tick (✓) this column. Do not complete the rest of section B.

You can also contact us if you need further help.

Please leave the "score" column blank.

Part 1: Please ✓ the boxes below where relevant.

1. How long have you had your condition? _____ (years)

2. Are you working (paid/ unpaid), in education or planning to return to/start these?

Yes	No	

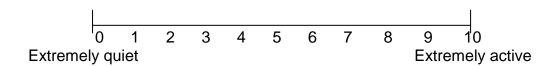
3. Have you taken part in a patient education programme to help you manage your arthritis?



4. If yes, how long was it for (in hours)? _____

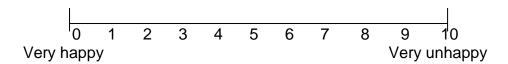
For the following questions we ask you to <u>CIRCLE</u> the number below the line which best reflects your situation at the moment.

1.1. It is said that arthritis can be in an active or quiet phase. In which are you at the moment?



Describe your:

1.2. Mood:



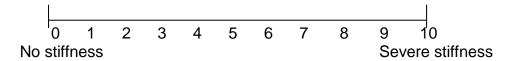
1.3. Pain when resting 0 1 2 3 4 5 6 7 8 9 10
No pain Severe pain



Severe pain

9

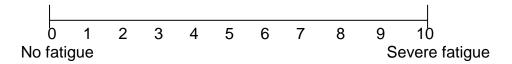
1.5. Stiffness



1.6. Limitations in joint movement



1.7. Fatigue



1.8. Worry



1.9. Sleep problems



1.10. Satisfaction with life



Instructions: Example of how to fill in 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."

EXAMPLES:	A. How dalternate				aid/gad	get,	use a	you an aid ther	Have help/ Some-	method?						
	Not Applicable	Without difficulty			Unable to do	Score		nod?	one does it for me	Please describe below which aid/s or other method/s you use?	Without difficulty	Some difficulty	Much difficulty	Unable to do	Score	
1. Lift a cup/mug		✓		į				✓				į				
2.Turn taps				✓			✓			Use tap turner/lever taps	✓					
3.Pull out a plug			✓				✓									
4.Open a jar				✓			✓	✓		Jar opener	✓					
5.Vacuum clean				✓			✓	✓		Take breaks, use two hands		✓				
6. Put on/take off a coat	l			✓				✓								
7. Get in/out of bath					✓		✓			Use a bath seat		✓				
8. Climb ladder					✓			✓								
9. Drive a car	✓															
10. Clean windows				✓					✓							
		Tot	al Score	: Section	on A =						То	tal Score	e: Secti	on B =		

Part Two: Your ability to do everyday activities

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."

	A. How dalternate	lo you do	it with	out an a			ala oi			method?						
	Not Applicable	Without difficulty			Unable to do	Score	oth	other method?		Please describe below which aid/s or other method/s you difficulty difficulty difficulty use?	Score					
							Yes	No								
1.Lift a glass																
2.Lift a cup/mug																
3.Use a knife and fork																
4.Slice food (e.g. bread, cheese)																
5.Get the milk out of the fridge																
6.Open a milk carton/ plastic bottle and pour out																
7.Open a bottle top (e.g. lager)																
8.Open a screw top jar or bottle																
9.Open a tin or a ring- pull can																
10.Open a packet/pouch																
		Tota	al Score	: Section	on A =					Total Score: Section B =						

A: 'How do you do it without	out using a	an aid/ga	adget, alte	ernate m	ethod	or help	o?'	If y	you do	two weeks. Please fill in bo not normally do the activity, ti s. Leave B blank if you tick "	ick "not ap	oplicable"			
	ATHROOM/ gadget, alternate method or help? ERSONAL CARE							you an or ner		B. If yes, how else do yomethod?	ou do it v	with an	aid/gadg	et or alt	ernate
	Not Applicable			Much difficulty	h Unable Score meth		es No		Please describe below which aid/s or other method/s you use?	Without difficulty	Some difficulty	Much difficulty	Unable to do	Score	
1.Get on and off the toilet															
2.Wipe yourself with toilet paper /clean self below															
3.Use tampons/ suppositories															
4.Flush the toilet	Flush the toilet														
5.Arrange your clothes after going to toilet	range your clothes														
6.Wash your hands															
7.Brush and comb your hair															
8.Brush your teeth															
9.Use a tube of toothpaste															
10.Open a medicine bottle/ blister pack															
11.Do your make up or shave															
12.Put on jewellery/watch															
		Tota	l Score:	Sectio	n A =						To	otal Score	e: Secti	on B =	

A: 'How do you do it witl	hout using	an aid/g	adget, al	lternate n	nethod	or help'	?'	If y	ou do n	two weeks. Please fill in bot ot normally do the activity, tic s. Leave B blank if you tick "no	k "not ap	plicable".			
3. GETTING DRESSED /UNDRESSED	A. How o				aid/ g	adget,	use aid oth	an or er	help/ Some- one	B. If yes, how else do you method?	u do it v	vith an	aid/gadg	et or alt	ternate
	Not Applicable	Without difficulty	Some difficulty	Much difficulty	Unable to do	Score		method? f		Please describe below which aid/s or other method/s you use?		Some difficulty	Much difficulty	Unable to do	Score
1.Put on / take off a coat															
2.Pull clothes over your head															
3.Put on front-opening clothes															
4.Do up/undo buttons															
5.Pull clothes over your feet															
6.Do up /undo zips															
7.Put on tights/ socks															
8.Take shoes/ boots on and off															
9.Tie shoelaces	.Tie shoelaces														
10.Put on/take off gloves															
11.Fasten clothes at the back															
Total Score: Section A = Total Score: Section B =															

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." A. How do you do it without an aid/ gadget, Do you Have B. If yes, how else do you do it with an aid/gadget or alternate 4. BATHING/ help/ use an alternate method or help? method? SHOWERING Someaid or one Without Some Unable Score Please describe below which Without Some Much Unable Score Much other Not method? does it Applicable difficulty difficulty difficulty aid/s or other method/s you difficulty difficulty to do to do for me use? Yes No 1.Get in and out of the bath 2.Shower whilst standing 3.Use shower controls bath temperature mixers 4.Turn taps (any in home) 5.Wash your back and neck 6.Dry your back and neck 7.Wash and dry your feet 8.Wash your hair 9.Style/ blow-dry your hair 10.Cut/file your finger nails 11.Take care of your feet Total Score: Section A = Total Score: Section B =

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/ gadge alternate method or help? Not Without Some Much Unable Score						an aid or help/ other Some-			B. If yes, how else do you do it with an aid/gadget or alternate method?						
	Not Applicable					Score		ner hod? No	one does it	Please describe below which aid/s or other method/s you use?			Much difficulty	Unable to do	Score	
1.Stand while working in the kitchen																
2.Set the table/ carry plates, cups etc																
3.Peel and chop vegetables																
4.Carry a full pan to/ from the cooker																
5.Drain water from a saucepan (e.g. vegetables, pasta)																
6.Remove heavy items (e.g. bag of sugar) from top cupboards																
7.Baking (eg. cakes, bread, pastry)																
8.Take things in/out of oven																

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

Please tick (1) 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." Have B. If yes, how else do you do it with an aid/gadget or alternate 6.MOVING AROUND A. How do you do it without an aid/ Do you help/ gadget, alternate method or help? use an method? **IN DOORS** Someaid or one Please describe below which Without Without Some Much Unable Score other Not Some Much Unable Score method? does it aid/s or other method/s you difficulty difficulty Applicable difficulty difficulty difficulty to do difficulty to do for me use? Yes No 1.Walk indoors (e.g. get to toilet/ bathroom: round kitchen) 2. Open the front/ back door 3.Lock and unlock doors 4.Get to the front door in time to answer 5.Get to the phone in time to answer 6. Stand for longer periods 7.Get up and down steps/ stairs 8.Bend to floor/pick up items 9.Reach up 10.Kneel 11.Carry heavy items around the house 12.Manage heating (e.g. controls, woodburner, multifuel stove, open fire) Total Score: Section A = Total Score: Section B =

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." A. How do you do it without an aid/ gadget, Do you Have B. If yes, how else do you do it with an aid/gadget or alternate 7. CLEANING help/ alternate method or help? use an method? THE HOUSE Someaid or one Please describe below which Without Without Not Some Much Unable Score other Some Much Unable Score method? does it Applicable difficulty difficulty difficulty difficulty aid/s or other method/s you difficulty difficulty to do to do for me use? Yes No 1.Make the bed 2.Dust and wipe surfaces 3.Sweep up/ mop floor 4.Wring out a cloth 5. Vacuum clean 6.Open a window 7.Clean windows 8.Clean the bath and/or shower 9. Heavy housework (e.g. move furniture, take down curtains) Total Score: Section A = Total Score: Section B =

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." Have 8. LAUNDRY/ A. How do you do it without an aid/ Do you B. If yes, how else do you do it with an aid/gadget or alternate help/ gadget, alternate method or help? use an method? **CLOTHES CARE** Someaid or one Please describe below which Without Without Some Not Much Unable Score other Some Much Unable Score does it difficulty Applicable difficulty difficulty difficulty method? aid/s or other method/s you difficulty difficulty to do to do for me Yes No 1.Do the hand washing 2.Use a washing machine (e.g. load and unload) 3. Hang out washing 4.Plug in and pull out a plug (any in home) 5.Put up an ironing board 6.Iron 7.Do small repairs e.g. hemming, buttons 8.Use scissors (any in home) 9. Pick up pins/needles Total Score: Section A = Total Score: Section B =

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." Have 9. MOVING AND A. How do you do it without an aid/ gadget, Do you B. If yes, how else do you do it with an aid/gadget or alternate help/ use an alternate method or help? method? **TRANSFERS** Someaid or one Without Some Unable Score Please describe below which aid/s Without Not Much other Some Much Unable Score does it Applicable difficulty difficulty difficulty to do method? or other method/s you use? difficulty difficulty difficulty to do for me Yes No 1.Get into and out of bed 2.Turn over and sit up in bed 3.Stand up from a chair without armrests 4.Pull up bedclothes/duvet 5.Getting a comfortable sleeping position 6.Sit for longer periods (e.g. in a car, train) Total Score: Section A = Total Score: Section B =

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." Have A. How do you do it without an aid/ gadget, Do you **B.** If yes, how else do you do it with an aid/gadget or alternate help/ alternate method or help? use an method? COMMUNICATION Someaid or one Please describe below which Without Not Without Some Much Unable Score other Some Much Unable Score method? does it Applicable difficulty difficulty difficulty difficulty aid/s or other method/s you difficulty difficulty to do to do for me Yes No 1.Use a phone / mobile/ smartphone (call/ text/ any functions) 2.Hold a book 3.Write 4. Handle money/ cards; use cash machine/pay by card 5.Use a computer and mouse/ laptop/ tablet (e.g. iPad) 6.Use remote controls (e.g. TV) Total Score: Section A = Total Score: Section B =

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."

11. MOVING AROUND OUTSIDE/ SHOPPING	A. How			hout an od or he		ıdget,	Do y use aid	an	Have help/ Some-	e-						get or	
	Not Applicable	Without difficulty	Some difficulty		Unable to do	Score	oth meth	other method?		Please which method	describe aid/s or d/s you use?		Without difficulty	Some difficulty	Much difficulty	Unable to do	Score
1.Walk on level ground																	
2.Go for a long walk (e.g. a mile)																	
3.Go up stairs without a handrail																	
4.Travel by public transport																	
5.Get in and out of a car and open car door																	
6.Drive a car (e.g. hold steering wheel, turn car key, change gear)																	
7.Fill the car with petrol																	
8.Open a heavy (e.g. shop) door																	
9.Walk around the shops																	
10.Carry shopping																	
11.Do the weekly shopping																	
12.Hold a walking stick																	
13.Use a mobility scooter																	
		Tota	al Score	: Section	n A =								Tota	I Score:	Sectio	n B =	

A: 'How do you do it wit	hout usin	g an aid	d/gadge	et, altern	ate me	ethod o	or hel	p?'	lf y	he last two weeks. Please to you do not normally do the accolumns. Leave B blank if yo	tivity, tic	k "not ap	oplicable		
	A. How dalternate	lo you d	lo it wit l d or help	hout an	aid/ g	adget,	use an aid or other on does			B. If yes, how else do you method?	do it wi	th an ai		or alte	
	Not Applicable	Without difficulty			Unable to do	Score			for me	Please describe below which aid/s or other method/s you use?		Some difficulty	Much difficulty	Unable to do	Score
1.Change a light bulb															
2.Light gardening (e.g. weed, prune, plant)															
3.Heavy gardening (e.g. dig, mow)															
4.Climb ladders															
5.Clean the car (inside and out)															
6.Do household repairs															
7.Car maintenance (eg oil, water)															
		Total	Score:	Sectio	n A =						То	tal Score	e: Section	n B =	

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."

13. CARING	A. How do you do it without an aid/ gadgalternate method or help? Not Without Some Much Unable Sc							you e an	Have help/ Some-	B. If yes, how else do you do it with an aid/gadget or alternamethod?					
	Not Applicable	Without difficulty				Score	otł metl	l or ner nod? No	one does it for me	Please describe below which aid/s or other method/s you use?		Some difficulty	Much difficulty	Unable to do	Score
1.Feed a child, prepare bottles															
2.Bathe a child/ change nappies															
3.Dress a child															
4.Do a child's hair															
5.Use children's equipment (e.g. high chair, push chair, car seat)															
6.Put a child in/ out of high chair, push chair, high seat															
7.Lift and carry a child															
8.Play with children															
9.Care for others (e.g. elderly relatives)															
		Tota	Score:	Sectio	n A =						Tota	al Score	Sectio	n B =	

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." Do you Have A. How do you do it without an aid/ gadget, B. If yes, how else do you do it with an aid/gadget or alternate 14. HOBBIES, LEISURE & SOCIAL alternate method or help? help/ use an method? Someaid or **ACTIVITIES** one other does it method? Not Without Some Much Unable Score Please describe below which Without Some Much Unable Score for me Applicable difficulty difficulty difficulty to do aid/s or other method/s you difficulty difficulty difficulty to do Yes No use? 1.Crafts (e.g. knitting, crochet, sewing, embroidery, model making) 2.Do-It-Yourself (e.g. using tools, decorating) 3. Visit friends/ socialising (eg pub, cinema, theatre) 4.Attend community / religious groups or classes 5. Physical activities (e.g. dance, active sports, swimming, bicycling, fishing) 6.Quiet recreation (e.g. painting, cards) 7.Performing arts (e.g. music, choir, dramatics) 8.Pet care (eg feed, groom) 9. Take dog for a walk (e.g. hold leash) Total Score: Section A = Total Score: Section B =

Finally:

1. Do you use / wear (<i>pleas</i>	se tick if applicab	/e):		
Wrist splint/s	Walking aid		Shoe insole/s	3
Any other splint/s Ple	ease state:		Knee brace	
2. Overall, which aids/gadg	ets you own do y	you value th	ne most?	
3. How do you feel about us	sing aids/gadgets	s? (please d	circle the numb	ber)
				1
0 Not at all both	_	4 5 6	7 8	9 10 Very bothered
4. What do you do yourself	to help self-mana	age your sy	mptoms/ conc	lition?
C Mile of in the connect incoments	and the in an array array		a da ala in 186a a	
5. What is the most importa	int thing you wan	t to continu	e to do in lite (or to manage?
-				

If there is anything else you would like to tell us, or if you have any other comments, please write below:

Thank you for completing the EDAQ. Please check you have not missed any questions or pages.

Office	Use on	ly:
--------	--------	-----

Name:	Date://	

EDAQ Domain scores

	Domain	Section A Total Score	Section B Total Score	Difference: B-A
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 & Transfers			
10	Communication			
11	Moving around Outdoors/ Shopping			
12	Gardening/ Household Maintenance			
13	Caring			
14	Hobbies, Leisure & Social Activities			
	SELF-CARE Score			
	Domains: 1+2+3+5+7+8+10			
	MOBILITY/ PARTICIPATION Score Domains: 4+6+9+11+12			

(See EDAQ Manual v2 for scoring information).