Methods: Data at screening and baseline were used to examine the convergent validity, discriminant validity, internal consistency, and test-retest reliability. Convergent validity was tested, using Pearson’s correlations, by comparing total and subscale scores on the CSHQ-RA to those from the Mental and Physical Component Summary (MCS and PCS) of the MOS SF-36 and HAQ. ANOVA and Kruskal-Wallis tests were used to assess the discriminant validity of the CSHQ-RA. Internal consistency was measured by Cronbach’s alpha coefficient. Test-retest reliability was assessed using intraclass correlation coefficients (ICCs). Results: Response rate at baseline was 95% (291). Eighty-one percent of respondents were female; mean age was 52 years (± 12); mean duration with RA was 10.8 years (± 10.4). At baseline, mean scores on instruments were HAQ 1.5 (± 0.7), MCS 37.9 (± 10.9), and PCS 31.2 (± 8.3). Pearson’s correlations between the CSHQ-RA and the MOS SF-36 and HAQ scores ranged from –0.33 to –0.73 (p < 0.0001) and 0.39 to 0.76 (p < 0.0001), respectively. The difference in scores on the CSHQ-RA of patients with different levels of physical disability as measured by the HAQ was statistically significant (p < 0.0001). Cronbach’s alpha coefficients were ≥0.9 indicating good internal consistency. Test-retest reliability was demonstrated in the instrument’s subscales with ICCs ranging from 0.82 to 0.94. Conclusions: These results support the validity and reliability of the original CSHQ-RA when tested in a representative patient population. Research to assess responsiveness and clinically significant change of the CSHQ-RA is underway.