ID No. _ _ _ _ _ _ _

# PART I: INSTRUCTIONS

We are interested in finding out how you are managing with your injury or arthritis this week.

Please answer "YES" or "NO" to each question by putting a check in the box ☑ next to the question. If the question is true for you and is related to your injury or arthritis, choose "YES". If the question is not true for you and is not related to your injury or arthritis, choose "NO".

If you wish to comment on any of the questions, please use the space in the margins. Please answer all questions, even though some of the questions may not apply to your injury or arthritis.

**PLEASE WRITE IN TODAY'S DATE: _____**

## ACTIVITIES USING YOUR ARMS or LEGS

This first set of questions is about changes or problems you may have using your arms or legs to do such things as reaching, walking, and carrying.

| ***This week, because of your injury or arthritis . . .*** | **YES** | **NO** |
|---|---|---|
| 1. Are you able to walk? | ☐ | ☐ |
| 2. Do you feel unsteady on your feet? | ☐ | ☐ |
| 3. Is it difficult for you to reach up high? | ☐ | ☐ |
| 4. Do you straighten or bend your arm(s) completely? | ☐ | ☐ |
| 5. Do you straighten or bend your leg(s) completely? | ☐ | ☐ |
| 6. Do you pivot? | ☐ | ☐ |

## ACTIVITIES USING YOUR ARMS or LEGS
**- Continued -**

| | | YES | NO |
|---|---|---|---|
| 7. | Do you climb up and down ladders? | ☐ | ☐ |
| 8. | Do you have to rest often when walking? | ☐ | ☐ |
| 9. | Do you avoid stairs? | ☐ | ☐ |
| 10. | Do you stand for long periods of time? | ☐ | ☐ |
| 11. | Is it hard for you to get moving after you have been sitting or lying down? | ☐ | ☐ |
| 12. | Do you always walk with a limp? | ☐ | ☐ |
| 13. | Does your leg sometimes lock or give-way? | ☐ | ☐ |
| 14. | Do you have trouble getting in or out of a low chair? | ☐ | ☐ |
| 15. | Do you have trouble getting in or out of bed? | ☐ | ☐ |
| 16. | Do you kneel? | ☐ | ☐ |
| 17. | Do you pick up things from the floor? | ☐ | ☐ |
| 18. | Do you run at all? | ☐ | ☐ |
| 19. | Do you have trouble getting in or out of a car? | ☐ | ☐ |
| 20. | Have you stopped using public transportation because of your injury or arthritis? | ☐ | ☐ |

How much are you bothered by problems you are **now** having using your arms or legs? *(Please check one.)*

| ☐ | ☐ | ☐ | ☐ | ☐ |
|---|---|---|---|---|
| 1 | 2 | 3 | 4 | 5 |
| Not at All Bothered | A Little Bothered | Somewhat Bothered | Quite Bothered | Extremely Bothered |

# ACTIVITIES USING YOUR HANDS

The following questions are about activities using your hands. If the question is true for you, please check "YES". If the question is not true for you, please check "NO".

| ***This week, because of your injury or arthritis . . .*** | **YES** | **NO** |
|---|---|---|
| 1. Do you have difficulty squeezing things? | ☐ | ☐ |
| 2. Do you have difficulty making a tight fist? | ☐ | ☐ |
| 3. Is it hard for you to put your hand in your pocket? | ☐ | ☐ |
| 4. Do you have difficulty turning knobs or levers (for example, opening doors, rolling down car windows)? | ☐ | ☐ |
| 5. Do you have trouble holding a book? | ☐ | ☐ |
| 6. Do you have difficulty writing or typing? | ☐ | ☐ |
| 7. Do you have trouble opening medicine bottles or jars? | ☐ | ☐ |

How much are you bothered by problems you are **now** having using your hands? *(Please check one.)*

| ☐ | ☐ | ☐ | ☐ | ☐ |
|---|---|---|---|---|
| 1 Not at All Bothered | 2 A Little Bothered | 3 Somewhat Bothered | 4 Quite Bothered | 5 Extremely Bothered |

# WORK AROUND YOUR HOME

These questions are about activities around your home, including such things as cooking, cleaning, maintenance, or repairs. If the question is true for you, please check "YES". If the question is not true for you, please check "NO".

| ***This week, because of your injury or arthritis . . .*** | **YES** | **NO** |
|---|---|---|
| 1. Do you need help with housework or yardwork? | ☐ | ☐ |
| 2. Do you do as much housework or yardwork? | ☐ | ☐ |
| 3. Do you do household chores but find that it takes more effort? | ☐ | ☐ |
| 4. Do you mop or sweep or vacuum? | ☐ | ☐ |
| 5. Is scrubbing a pan or dish difficult? | ☐ | ☐ |
| 6. Do you need someone to cook for you? | ☐ | ☐ |
| 7. Does it take you longer to do household chores? | ☐ | ☐ |
| 8. Is it difficult for you to shop for groceries or other things? | ☐ | ☐ |
| 9. Have you stopped doing car, house, or maintenance repairs because of your injury or arthritis? | ☐ | ☐ |

How much are you bothered by problems you are **now** having doing work around your home? *(Please check one.)*

| ☐ | ☐ | ☐ | ☐ | ☐ |
|---|---|---|---|---|
| 1 | 2 | 3 | 4 | 5 |
| Not at All Bothered | A Little Bothered | Somewhat Bothered | Quite Bothered | Extremely Bothered |

# SELF CARE ACTIVITIES

The following questions are about taking care of yourself. If the question is true for you, please check "YES". If the question is not true for you, please check "NO".

| ***This week, because of your injury or arthritis . . .*** | **YES** | **NO** |
|---|---|---|
| 1. Do you wear things that are easier to get into? | ☐ | ☐ |
| 2. Do you sometimes need help from others to get dressed? | ☐ | ☐ |
| 3. Do you struggle with buttons, snaps, hooks, zippers? | ☐ | ☐ |
| 4. Do you have trouble pulling clothes on over your head? | ☐ | ☐ |
| 5. Is it difficult for you to put on shoes, socks, or stockings? | ☐ | ☐ |
| 6. Is it a chore for you to dress because it takes so long? | ☐ | ☐ |
| 7. Is it difficult to brush your teeth? | ☐ | ☐ |
| 8. Do you have a difficult time cutting your fingernails? | ☐ | ☐ |
| 9. Do you need help keeping yourself clean after going to the bathroom? | ☐ | ☐ |
| 10. Is it difficult for you to get on or off the toilet? | ☐ | ☐ |
| 11. Is it hard for you to get in or out of the bathtub or shower? | ☐ | ☐ |
| 12. Do you sit while showering? | ☐ | ☐ |
| 13. Do you need help washing yourself? | ☐ | ☐ |
| 14. Do you need help eating? | ☐ | ☐ |
| 15. Is it hard for you to cut food? | ☐ | ☐ |

# SELF CARE ACTIVITIES

**- Continued -**

| | YES | NO |
|---|---|---|
| 16. Are you stuck at home? | ☐ | ☐ |
| 17. Have you stopped going out by yourself? | ☐ | ☐ |
| 18. Have you stopped driving because of your injury or arthritis? | ☐ | ☐ |

How much are you bothered by problems you are **now** having caring for yourself?
*(Please check one.)*

| ☐ | ☐ | ☐ | ☐ | ☐ |
|---|---|---|---|---|
| 1 | 2 | 3 | 4 | 5 |
| Not at All Bothered | A Little Bothered | Somewhat Bothered | Quite Bothered | Extremely Bothered |

# SLEEP and REST

These questions are about changes or problems you may be experiencing with sleep and rest. If the question is true for you, please check "YES". If the question is not true for you, please check "NO".

| ***This week, because of your injury or arthritis . . .*** | **YES** | **NO** |
|---|---|---|
| 1. Are you tired all of the time? | ☐ | ☐ |
| 2. Do you have trouble falling asleep at night? | ☐ | ☐ |
| 3. Do you have difficulty sleeping the whole night? | ☐ | ☐ |
| 4. Is it hard for you to get comfortable to sleep? | ☐ | ☐ |
| 5. Do you wake up sooner than you would like? | ☐ | ☐ |
| 6. Do you have disturbing dreams? | ☐ | ☐ |

How much are you bothered by problems you are **now** having with sleep and rest? *(Please check one.)*

| ☐ | ☐ | ☐ | ☐ | ☐ |
|---|---|---|---|---|
| 1 | 2 | 3 | 4 | 5 |
| Not at All Bothered | A Little Bothered | Somewhat Bothered | Quite Bothered | Extremely Bothered |

# L E I S U R E
# a n d
# R E C R E A T I O N A L  A C T I V I T I E S

We would also like to know about changes or problems you are having with leisure time or recreational activities. These activities may include such things as hobbies, sports, crafts, gardening, aerobics, or volunteering. If the question is true for you, please check "YES". If the question is not true for you, please check "NO".

| ***This week, because of your injury or arthritis . . .*** | **YES** | **NO** |
|---|---|---|
| 1. Is your physical fitness worse because of your injury or arthritis? | ☐ | ☐ |
| 2. Do you do **less** of your usual physical recreational activities? | ☐ | ☐ |
| 3. Have you stopped doing **all** of your usual physical recreational activities? | ☐ | ☐ |
| 4. Are you doing fewer leisure activities (such as hobbies, crafts, gardening, card playing, going out with friends)? | ☐ | ☐ |

How much are you bothered by problems you are **now** having with leisure and recreational activities? *(Please check one.)*

| ☐ | ☐ | ☐ | ☐ | ☐ |
|---|---|---|---|---|
| 1 | 2 | 3 | 4 | 5 |
| Not at All Bothered | A Little Bothered | Somewhat Bothered | Quite Bothered | Extremely Bothered |

# RELATIONSHIPS: FAMILY and FRIENDS

These questions are about your relationships with family, friends, and other important people in your life. If the question is true for you, please check "YES". If the question is not true for you, please check "NO".

| ***This week, because of your injury or arthritis . . .*** | **YES** | **NO** |
|---|---|---|
| 1. Is there a strain in your relationships with either your friends or family? | ☐ | ☐ |
| 2. Do you feel you just don't want to be around anybody? | ☐ | ☐ |
| 3. Is it hard for you to get either your family or friends to help you do things? | ☐ | ☐ |
| 4. Are you lonely? | ☐ | ☐ |
| 5. Do you feel that either your friends or family have shied away from you? | ☐ | ☐ |
| 6. Do you often act irritable toward those around you (for example, snap at people, give sharp answers, criticize easily)? | ☐ | ☐ |
| 7. Do you miss being with either your friends or family? | ☐ | ☐ |
| 8. Do you feel like being less intimate? | ☐ | ☐ |
| 9. Has your sexual life changed? | ☐ | ☐ |
| 10. Do you enjoy sex less? | ☐ | ☐ |

How much are you bothered by problems you are **now** having with your friends, family, and other important people in your life? *(Please check one.)*

| ☐ | ☐ | ☐ | ☐ | ☐ |
|---|---|---|---|---|
| 1 | 2 | 3 | 4 | 5 |
| Not at All Bothered | A Little Bothered | Somewhat Bothered | Quite Bothered | Extremely Bothered |

# THINKING

At times, people may have difficulty with thinking, concentrating, or remembering as a result of their injury or arthritis. If the question is true for you, please check "YES". If the question is not true for you, please check "NO".

| ***This week, because of your injury or arthritis . . .*** | **YES** | **NO** |
|---|---|---|
| 1. Does it take you longer to figure things out? | ☐ | ☐ |
| 2. Do you have problems with concentration? | ☐ | ☐ |
| 3. Are you more confused and scattered? | ☐ | ☐ |
| 4. Are you more forgetful? | ☐ | ☐ |

How much are you bothered by problems you are **now** having thinking, concentrating, and remembering? *(Please check one.)*

| ☐ | ☐ | ☐ | ☐ | ☐ |
|---|---|---|---|---|
| 1 | 2 | 3 | 4 | 5 |
| Not at All Bothered | A Little Bothered | Somewhat Bothered | Quite Bothered | Extremely Bothered |

# LIFE CHANGES and FEELINGS

These questions are about day to day adjustments you may be making because of your injury or arthritis and about feelings you may be having about your experiences. If the question is true for you, please check "YES". If the question is not true for you, please check "NO".

| ***This week, because of your injury or arthritis . . .*** | **YES** | **NO** |
|---|---|---|
| 1. Do you sometimes use your injuries or arthritis as an excuse not to do things? | ☐ | ☐ |
| 2. Do you have to concentrate when using your injured limb or arthritic joints? | ☐ | ☐ |
| 3. Do you avoid using your injured limb or arthritic joints? | ☐ | ☐ |
| 4. Do you protect your injured limb or arthritic joints? | ☐ | ☐ |
| 5. Do you think everything will work out in the long run? | ☐ | ☐ |
| 6. Do you accept your current situation? | ☐ | ☐ |
| 7. Do you feel everything is back to normal? | ☐ | ☐ |
| 8. Do you feel your life has changed quite a bit? | ☐ | ☐ |
| 9. Are you getting worse? | ☐ | ☐ |
| 10. If you do too much in one day, does it affect what you do the next day? | ☐ | ☐ |
| 11. Do you feel disabled, even though you may look fine to others? | ☐ | ☐ |
| 12. Do you feel useless? | ☐ | ☐ |

# LIFE CHANGES and FEELINGS

**- Continued -**

| | | YES | NO |
|---|---|---|---|
| 13. | Do you feel unattractive? | ☐ | ☐ |
| 14. | Does your injury or arthritis make you feel less capable? | ☐ | ☐ |
| 15. | Do you feel sorry for yourself? | ☐ | ☐ |
| 16. | Do you feel like you complain a lot? | ☐ | ☐ |
| 17. | Do you have to ask for help a lot? | ☐ | ☐ |
| 18. | Do you feel angry or frustrated that you have this injury or arthritis? | ☐ | ☐ |

How much are you bothered by the day to day adjustments you are making in your life and the feelings you are **now** experiencing, because of your injury or arthritis? *(Please check one.)*

| ☐ | ☐ | ☐ | ☐ | ☐ |
|---|---|---|---|---|
| 1 | 2 | 3 | 4 | 5 |
| Not at All Bothered | A Little Bothered | Somewhat Bothered | Quite Bothered | Extremely Bothered |

# WORK ACTIVITIES

Are you working now?

☐ **NO ----------> Are you unable to work because of your injury or arthritis?**

- ☐ **NO** *(Please skip to next page)*
- ☐ **YES** *(Please skip to next page)*

☐ **YES ----------> *(Please answer questions below)***

Please answer these questions as they describe your experiences at work. If the question is true for you, please check "YES". If the question is not true for you, please check "NO".

| ***This week, because of your injury or arthritis . . .*** | **YES** | **NO** |
|---|---|---|
| 1. Are you making changes in your job? | ☐ | ☐ |
| 2. Is it more difficult for you to do your job now? | ☐ | ☐ |
| 3. Are you slower at your job? | ☐ | ☐ |
| 4. Do you take more breaks? | ☐ | ☐ |

How much are you bothered by problems you are **<u>now</u>** having with work activities, because of your injury or arthritis? *(Please check one.)*

| ☐ | ☐ | ☐ | ☐ | ☐ |
|---|---|---|---|---|
| 1 | 2 | 3 | 4 | 5 |
| Not at All Bothered | A Little Bothered | Somewhat Bothered | Quite Bothered | Extremely Bothered |

**If you have completed this survey before**, please answer the following three questions. If you are completing this survey for the first time, please skip to the next page.

**1. Have you had any injuries or other important changes in your health since you completed the last survey?**

NO ..... ☐
YES ..... ☐ ------> If YES, please list whatever injuries or health changes you have had:

_____

_____

**2. Have you had any surgeries or hospitalizations since you completed the last survey?**

NO ..... ☐
YES ..... ☐ ------> If YES, please list whatever surgeries or hospitalizations you have had:

_____

_____

**3. How is your injury or arthritis now, compared to when you completed the last survey.** *(Check one)*

MUCH WORSE ..... ☐
SLIGHTLY WORSE ..... ☐
ABOUT THE SAME ..... ☐
SLIGHTLY BETTER ..... ☐
MUCH BETTER ..... ☐