

PID:

Acrostic:

Visit:

Date Form Completed:

Administration Type:

- ()
- (1) Self-administered
- (2) Mailed
- (3) Telephone
- (4) Interviewer-administered
- (5) Home
- (6) Administered to Proxy

Administered by:

Language:

- (1) English
- (2) Spanish
- (3) Navajo

B. Have you had any pain or discomfort in your knees in the past month

{knpain} {int 4}
 (1) 1 - Yes (CONTINUE)
 (2) 2 - No (END OF FORM)

1. Please indicate on a scale of 0 to 100 how bad the pain in your right knee has been in the past 2 weeks.

{kn_right} {int 4}

2. Please indicate on a scale of 0 to 100 how bad the pain in your left knee has been in the past 2 weeks.

{kn_left} {int 4}

Question: How much pain do you have?

3. Walking on a flat surface.

{knflsurf} {int 4}
 (1) 1 - None
 (2) 2 - Mild
 (3) 3 - Moderate
 (4) 4 - Severe
 (5) 5 - Extreme

4. Going up or down stairs.

{knstairs} {int 4}
 (1) 1 - None
 (2) 2 - Mild
 (3) 3 - Moderate
 (4) 4 - Severe
 (5) 5 - Extreme

5. **At night while in bed.**

- | | |
|-----|--------------|
| () | -- |
| (1) | 1 - None |
| (2) | 2 - Mild |
| (3) | 3 - Moderate |
| (4) | 4 - Severe |
| (5) | 5 - Extreme |
- {knight} {int 4}

6. **Sitting or lying.**

- | | |
|-----|--------------|
| () | -- |
| (1) | 1 - None |
| (2) | 2 - Mild |
| (3) | 3 - Moderate |
| (4) | 4 - Severe |
| (5) | 5 - Extreme |
- {knsit1} {int 4}

7. **Standing upright.**

- | | |
|-----|--------------|
| () | -- |
| (1) | 1 - None |
| (2) | 2 - Mild |
| (3) | 3 - Moderate |
| (4) | 4 - Severe |
| (5) | 5 - Extreme |
- {knstand1} {int 4}

8. **How severe is your stiffness after first wakening in the morning?**

- | | |
|-----|--------------|
| () | -- |
| (1) | 1 - None |
| (2) | 2 - Mild |
| (3) | 3 - Moderate |
| (4) | 4 - Severe |
| (5) | 5 - Extreme |
- {knsev1} {int 4}

9. **How severe is your stiffness after sitting, lying or resting later in the day?**

- | | |
|-----|--------------|
| () | -- |
| (1) | 1 - None |
| (2) | 2 - Mild |
| (3) | 3 - Moderate |
| (4) | 4 - Severe |
| (5) | 5 - Extreme |
- {knsev2} {int 4}

Question: What degree of difficulty do you have?

10. **Ascending stairs.**

- | | |
|-----|--------------|
| () | -- |
| (1) | 1 - None |
| (2) | 2 - Mild |
| (3) | 3 - Moderate |
| (4) | 4 - Severe |
| (5) | 5 - Extreme |
- {knastrs} {int 4}

11. **Rising from sitting.**

{knrising} {int 4} () --
(1) 1 - None
(2) 2 - Mild
(3) 3 - Moderate
(4) 4 - Severe
(5) 5 - Extreme

12. **Walking on flat.**

{knwflat} {int 4} () --
(1) 1 - None
(2) 2 - Mild
(3) 3 - Moderate
(4) 4 - Severe
(5) 5 - Extreme

13. **Getting in/out of car.**

{knocar} {int 4} () --
(1) 1 - None
(2) 2 - Mild
(3) 3 - Moderate
(4) 4 - Severe
(5) 5 - Extreme

14. **Putting on socks/stockings**

{knsocks1} {int 4} () --
(1) 1 - None
(2) 2 - Mild
(3) 3 - Moderate
(4) 4 - Severe
(5) 5 - Extreme

15. **Rising from bed.**

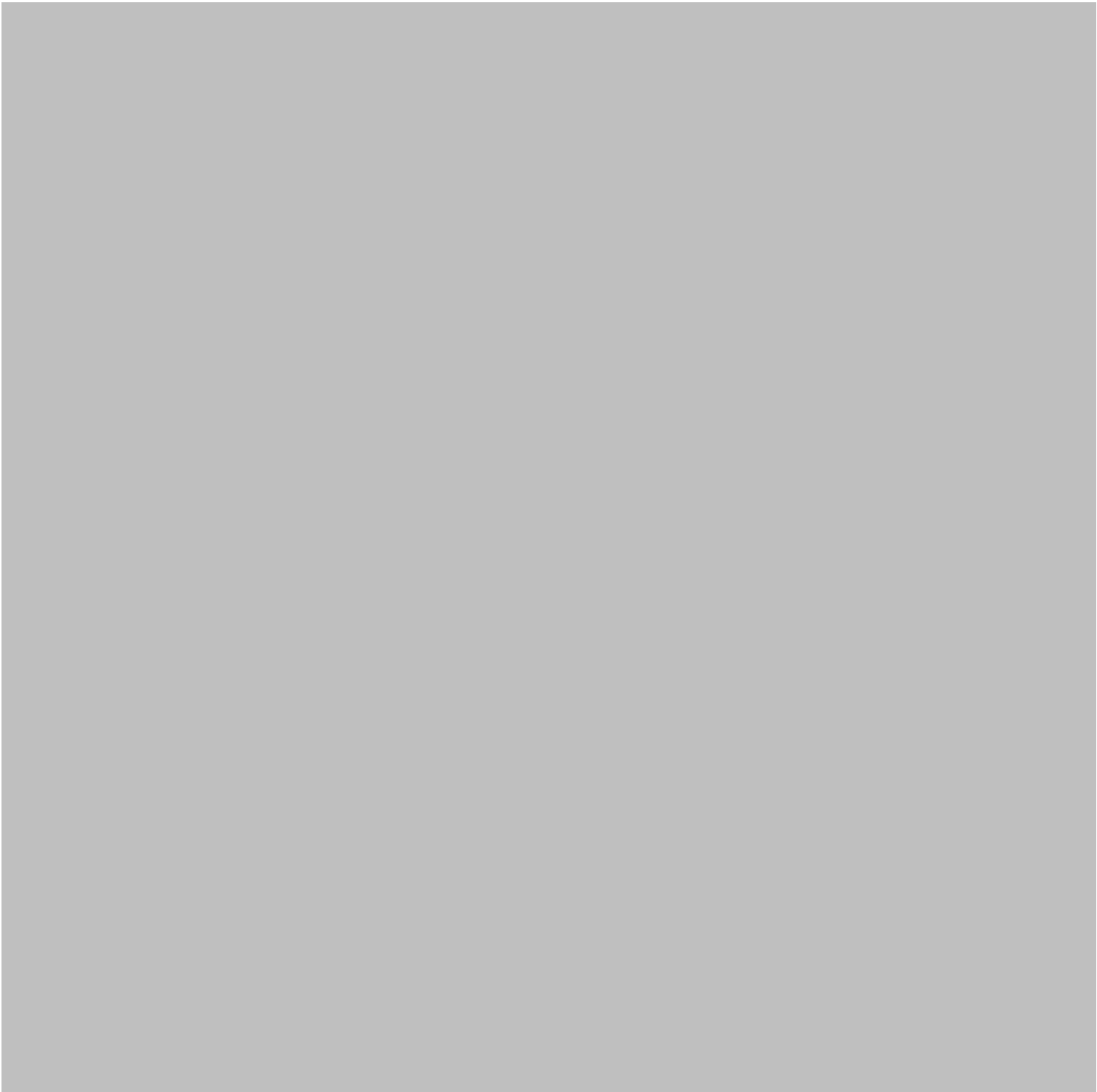
{knbed1} {int 4} () --
(1) 1 - None
(2) 2 - Mild
(3) 3 - Moderate
(4) 4 - Severe
(5) 5 - Extreme

16. **Sitting.**

{knsit2} {int 4} () --
(1) 1 - None
(2) 2 - Mild
(3) 3 - Moderate
(4) 4 - Severe
(5) 5 - Extreme

MY HEALTH, PART B. ANNUAL

Patient ID	<input type="text" value="[affix ID label here]"/>	Date Form Completed	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
			Month	Day	Year		
Administration Type	<input type="text"/>	Visit Code	<input type="text"/>	<input type="text"/>	<input type="text"/>	Reviewed by	<input type="text"/>
						Language	<input type="text" value="E"/>





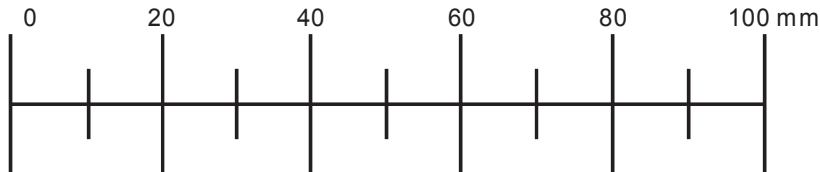


B. Knees

Have you had any pain or discomfort in your knees in the past month?

- 1 Yes → CONTINUE
- 2 No → Go to Section C, "Urinary History"

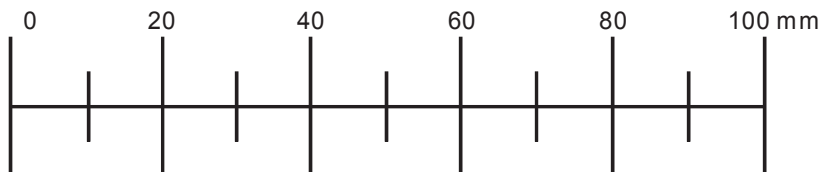
1. Please mark an X on the scale for how bad the **pain** in your **right** knee has been in the past 2 weeks.



For office use only:

--	--	--

2. Please mark an X on the scale for how bad the **pain** in your **left** knee has been in the past 2 weeks.



For office use only:

--	--	--

The following questions concern the amount of pain you have experienced in your knee(s). For each situation please enter the amount of pain experienced in the last 2 weeks.

QUESTION: How much pain do you have?

3. Walking on a flat surface.

- 1 None 2 Mild 3 Moderate 4 Severe 5 Extreme

4. Going up or down stairs.

- 1 None 2 Mild 3 Moderate 4 Severe 5 Extreme

5. At night while in bed.

- 1 None 2 Mild 3 Moderate 4 Severe 5 Extreme

6. Sitting or lying.

- 1 None 2 Mild 3 Moderate 4 Severe 5 Extreme

7. Standing upright.

- 1 None 2 Mild 3 Moderate 4 Severe 5 Extreme



B. Knees

The following questions concern the amount of joint stiffness (not pain) you have experienced in the last 2 weeks in your knee(s). Stiffness is a sensation of restriction or slowness in the ease with which you move your joints.

8. How **severe** is your stiffness **after first wakening** in the morning?

- 1 None 2 Mild 3 Moderate 4 Severe 5 Extreme

9. How **severe** is your stiffness after sitting, lying or resting **later in the day**?

- 1 None 2 Mild 3 Moderate 4 Severe 5 Extreme

The following questions concern your physical function. By this we mean your ability to move around and to look after yourself. For each of the following activities, please indicate the degree of difficulty you have experienced in the last 2 weeks due to arthritis, pain or discomfort in your knee(s).

QUESTION: What degree of difficulty do you have?

10. Ascending stairs.

- 1 None 2 Mild 3 Moderate 4 Severe 5 Extreme

11. Rising from sitting.

- 1 None 2 Mild 3 Moderate 4 Severe 5 Extreme

12. Walking on flat.

- 1 None 2 Mild 3 Moderate 4 Severe 5 Extreme

13. Getting in/out of car.

- 1 None 2 Mild 3 Moderate 4 Severe 5 Extreme

14. Putting on socks/stockings.

- 1 None 2 Mild 3 Moderate 4 Severe 5 Extreme

15. Rising from bed.

- 1 None 2 Mild 3 Moderate 4 Severe 5 Extreme

16. Sitting.

- 1 None 2 Mild 3 Moderate 4 Severe 5 Extreme



