

These questions are about how much you are bothered by problems you are having this week, due to your injury or arthritis.

How much are you bothered by...

	Not at All Bothered	A Little Bothered	Moderately Bothered	Very Bothered	Extremely Bothered
35. PROBLEMS USING YOUR HANDS, ARMS OR LEGS	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
36. PROBLEMS USING YOUR BACK	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
37. PROBLEMS DOING WORK AROUND YOUR HOME	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
38. PROBLEMS WITH BATHING, DRESSING, TOILETING, OR OTHER PERSONAL CARE	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
39. PROBLEMS WITH SLEEP AND REST	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
40. PROBLEMS WITH LEISURE OR RECREATIONAL ACTIVITIES	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
41. PROBLEMS WITH YOUR FRIENDS, FAMILY OR OTHER IMPORTANT PEOPLE IN YOUR LIFE	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
42. PROBLEMS WITH THINKING, CONCENTRATING OR REMEMBERING	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
43. PROBLEMS ADJUSTING OR COPING WITH YOUR INJURY OR ARTHRITIS	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
44. PROBLEMS DOING YOUR USUAL WORK	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
45. PROBLEMS WITH FEELING DEPENDENT ON OTHERS	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
46. PROBLEMS WITH STIFFNESS AND PAIN	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>