PART I: INSTRUCTIONS

We are interested in finding out how you are managing with your injury or arthritis this week. We would like to know about any problems you may be having with your daily activities because of your injury or arthritis.

Please answer each question by putting a check in the box ☑ next to the choice that best describes you.

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.
These questions are about how much difficulty you may be having this week with your daily activities because of your injury or arthritis.

1. **HOW DIFFICULT IS IT FOR YOU TO GET IN OR OUT OF A LOW CHAIR?**
   - [ ] Not at All Difficult
   - [ ] A Little Difficult
   - [ ] Moderately Difficult
   - [ ] Very Difficult
   - [ ] Unable to Do

2. **HOW DIFFICULT IS IT FOR YOU TO OPEN MEDICINE BOTTLES OR JARS?**
   - [ ] Not at All Difficult
   - [ ] A Little Difficult
   - [ ] Moderately Difficult
   - [ ] Very Difficult
   - [ ] Unable to Do

3. **HOW DIFFICULT IS IT FOR YOU TO SHOP FOR GROCERIES OR OTHER THINGS?**
   - [ ] Not at All Difficult
   - [ ] A Little Difficult
   - [ ] Moderately Difficult
   - [ ] Very Difficult
   - [ ] Unable to Do

4. **HOW DIFFICULT IS IT FOR YOU TO CLIMB STAIRS?**
   - [ ] Not at All Difficult
   - [ ] A Little Difficult
   - [ ] Moderately Difficult
   - [ ] Very Difficult
   - [ ] Unable to Do

5. **HOW DIFFICULT IS IT FOR YOU TO MAKE A TIGHT FIST?**
   - [ ] Not at All Difficult
   - [ ] A Little Difficult
   - [ ] Moderately Difficult
   - [ ] Very Difficult
   - [ ] Unable to Do

6. **HOW DIFFICULT IS IT FOR YOU TO GET IN OR OUT OF THE BATHTUB OR SHOWER?**
   - [ ] Not at All Difficult
   - [ ] A Little Difficult
   - [ ] Moderately Difficult
   - [ ] Very Difficult
   - [ ] Unable to Do
7. HOW DIFFICULT IS IT FOR YOU TO GET COMFORTABLE TO SLEEP?

☐ Not at All Difficult
☐ A Little Difficult
☐ Moderately Difficult
☐ Very Difficult
☐ Unable to Do

8. HOW DIFFICULT IS IT FOR YOU TO BEND OR KNEEL DOWN?

☐ Not at All Difficult
☐ A Little Difficult
☐ Moderately Difficult
☐ Very Difficult
☐ Unable to Do

9. HOW DIFFICULT IS IT FOR YOU TO USE BUTTONS, SNAPS, HOOKS, OR ZIPPERS?

☐ Not at All Difficult
☐ A Little Difficult
☐ Moderately Difficult
☐ Very Difficult
☐ Unable to Do

10. HOW DIFFICULT IS IT FOR YOU TO CUT YOUR OWN FINGERNAILS?

☐ Not at All Difficult
☐ A Little Difficult
☐ Moderately Difficult
☐ Very Difficult
☐ Unable to Do

11. HOW DIFFICULT IS IT FOR YOU TO DRESS YOURSELF?

☐ Not at All Difficult
☐ A Little Difficult
☐ Moderately Difficult
☐ Very Difficult
☐ Unable to Do

12. HOW DIFFICULT IS IT FOR YOU TO WALK?

☐ Not at All Difficult
☐ A Little Difficult
☐ Moderately Difficult
☐ Very Difficult
☐ Unable to Do

13. HOW DIFFICULT IS IT FOR YOU TO GET MOVING AFTER YOU HAVE BEEN SITTING OR LYING DOWN?

☐ Not at All Difficult
☐ A Little Difficult
☐ Moderately Difficult
☐ Very Difficult
☐ Unable to Do
14. **HOW DIFFICULT IS IT FOR YOU TO GO OUT BY YOURSELF?**

- [ ] Not at All Difficult
- [ ] A Little Difficult
- [ ] Moderately Difficult
- [ ] Very Difficult
- [ ] Unable to Do

15. **HOW DIFFICULT IS IT FOR YOU TO DRIVE?**

- [ ] Not at All Difficult
- [ ] A Little Difficult
- [ ] Moderately Difficult
- [ ] Very Difficult
- [ ] Unable to Do

16. **HOW DIFFICULT IS IT FOR YOU TO CLEAN YOURSELF AFTER GOING TO THE BATHROOM?**

- [ ] Not at All Difficult
- [ ] A Little Difficult
- [ ] Moderately Difficult
- [ ] Very Difficult
- [ ] Unable to Do

17. **HOW DIFFICULT IS IT FOR YOU TO TURN KNOBS OR LEVERS, FOR EXAMPLE, OPEN DOORS, ROLL DOWN CAR WINDOWS?**

- [ ] Not at All Difficult
- [ ] A Little Difficult
- [ ] Moderately Difficult
- [ ] Very Difficult
- [ ] Unable to Do

18. **HOW DIFFICULT IS IT FOR YOU TO WRITE OR TYPE?**

- [ ] Not at All Difficult
- [ ] A Little Difficult
- [ ] Moderately Difficult
- [ ] Very Difficult
- [ ] Unable to Do

19. **HOW DIFFICULT IS IT FOR YOU TO PIVOT?**

- [ ] Not at All Difficult
- [ ] A Little Difficult
- [ ] Moderately Difficult
- [ ] Very Difficult
- [ ] Unable to Do
20. HOW DIFFICULT IS IT FOR YOU TO DO YOUR USUAL PHYSICAL RECREATIONAL ACTIVITIES, SUCH AS BICYCLING, JOGGING, OR WALKING?

Not at All Difficult  A Little Difficult  Moderately Difficult  Very Difficult  Unable to Do

21. HOW DIFFICULT IS IT FOR YOU TO DO YOUR USUAL LEISURE ACTIVITIES, SUCH AS HOBBIES, CRAFTS, GARDENING, CARD PLAYING, GOING OUT WITH FRIENDS?

Not at All Difficult  A Little Difficult  Moderately Difficult  Very Difficult  Unable to Do

22. HOW MUCH DIFFICULTY ARE YOU HAVING WITH SEXUAL ACTIVITY?

Not at All Difficult  A Little Difficult  Moderately Difficult  Very Difficult  Unable to Do

23. HOW DIFFICULT IS IT FOR YOU TO DO LIGHT HOUSEWORK OR YARDWORK, SUCH AS DUSTING, WASHING DISHES, OR WATERING PLANTS?

Not at All Difficult  A Little Difficult  Moderately Difficult  Very Difficult  Unable to Do

24. HOW DIFFICULT IS IT FOR YOU TO DO HEAVY HOUSEWORK OR YARDWORK, SUCH AS WASHING FLOORS, VACUUMING, OR MOWING LAWNS?

Not at All Difficult  A Little Difficult  Moderately Difficult  Very Difficult  Unable to Do

25. HOW DIFFICULT IS IT FOR YOU TO DO YOUR USUAL WORK, SUCH AS A PAID JOB, HOUSEWORK, VOLUNTEER ACTIVITIES?

Not at All Difficult  A Little Difficult  Moderately Difficult  Very Difficult  Unable to Do
These next questions ask how often you are experiencing problems this week, because of your injury or arthritis.

26. HOW OFTEN DO YOU WALK WITH A LIMP?

☐  None of the Time
☐  A Little of the Time
☐  Some of the Time
☐  Most of the Time
☐  All of the Time

27. HOW OFTEN DO YOU AVOID USING YOUR PAINFUL LIMB(S) OR BACK?

☐  None of the Time
☐  A Little of the Time
☐  Some of the Time
☐  Most of the Time
☐  All of the Time

28. HOW OFTEN DOES YOUR LEG LOCK OR GIVE-WAY?

☐  None of the Time
☐  A Little of the Time
☐  Some of the Time
☐  Most of the Time
☐  All of the Time

29. HOW OFTEN DO YOU HAVE PROBLEMS WITH CONCENTRATION?

☐  None of the Time
☐  A Little of the Time
☐  Some of the Time
☐  Most of the Time
☐  All of the Time

30. HOW OFTEN DOES DOING TOO MUCH IN ONE DAY AFFECT WHAT YOU DO THE NEXT DAY?

☐  None of the Time
☐  A Little of the Time
☐  Some of the Time
☐  Most of the Time
☐  All of the Time
31. **HOW OFTEN DO YOU ACT IRRITABLE TOWARD THOSE AROUND YOU, FOR EXAMPLE, SNAP AT PEOPLE, GIVE SHARP ANSWERS, CRITICIZE EASILY?**

- [ ] None of the Time
- [ ] A Little of the Time
- [ ] Some of the Time
- [ ] Most of the Time
- [ ] All of the Time

32. **HOW OFTEN ARE YOU TIRED?**

- [ ] None of the Time
- [ ] A Little of the Time
- [ ] Some of the Time
- [ ] Most of the Time
- [ ] All of the Time

33. **HOW OFTEN DO YOU FEEL DISABLED?**

- [ ] None of the Time
- [ ] A Little of the Time
- [ ] Some of the Time
- [ ] Most of the Time
- [ ] All of the Time

34. **HOW OFTEN DO YOU FEEL ANGRY OR FRUSTRATED THAT YOU HAVE THIS INJURY OR ARTHRITIS?**

- [ ] None of the Time
- [ ] A Little of the Time
- [ ] Some of the Time
- [ ] Most of the Time
- [ ] All of the Time