During the past four weeks …

1. How often were you physically able to drive a car or use public transportation? [ ] All days [ ] Most days [ ] Some days [ ] Few days [ ] No Days

2. How often were you in a bed or chair for most of the day? [ ] All days [ ] Most days [ ] Some days [ ] Few days [ ] No Days

3. Did you have trouble doing vigorous activities such as running, lifting heavy objects, or participating in strenuous sports? [ ] All days [ ] Most days [ ] Some days [ ] Few days [ ] No Days

4. Did you have trouble either walking several blocks or climbing a few flights of stairs? [ ] All days [ ] Most days [ ] Some days [ ] Few days [ ] No Days

5. Were you unable to walk unless assisted by another person or by a cane, crutches or walker? [ ] All days [ ] Most days [ ] Some days [ ] Few days [ ] No Days

6. Could you easily write with a pen or pencil? [ ] All days [ ] Most days [ ] Some days [ ] Few days [ ] No Days

7. Could you easily button a shirt or blouse? [ ] All days [ ] Most days [ ] Some days [ ] Few days [ ] No Days

8. Could you easily turn a key in a lock? [ ] All days [ ] Most days [ ] Some days [ ] Few days [ ] No Days

9. Could you easily comb or brush your hair? [ ] All days [ ] Most days [ ] Some days [ ] Few days [ ] No Days

10. Could you easily reach shelves that were above your head? [ ] All days [ ] Most days [ ] Some days [ ] Few days [ ] No Days

11. Did you need help to get dressed? [ ] All days [ ] Most days [ ] Some days [ ] Few days [ ] No Days

12. Did you need help to get out of bed? [ ] All days [ ] Most days [ ] Some days [ ] Few days [ ] No Days

13. How often did you have severe pain from your arthritis? [ ] All days [ ] Most days [ ] Some days [ ] Few days [ ] No Days

14. How often did your morning stiffness last more than one hour from the time you woke up? [ ] All days [ ] Most days [ ] Some days [ ] Few days [ ] No Days

15. How often did your pain make it difficult for you to sleep? [ ] All days [ ] Most days [ ] Some days [ ] Few days [ ] No Days

16. How often have you felt tense or high strung? [ ] All days [ ] Most days [ ] Some days [ ] Few days [ ] No Days

17. How often have you been bothered by nervousness or your nerves? [ ] All days [ ] Most days [ ] Some days [ ] Few days [ ] No Days

18. How often have you been in low or very low spirits? [ ] All days [ ] Most days [ ] Some days [ ] Few days [ ] No Days

19. How often have you enjoyed the things you do? [ ] All days [ ] Most days [ ] Some days [ ] Few days [ ] No Days

20. How often did you feel like a burden to others? [ ] All days [ ] Most days [ ] Some days [ ] Few days [ ] No Days

21. How often did you get together with friends or relatives? [ ] All days [ ] Most days [ ] Some days [ ] Few days [ ] No Days

22. How often were you on the telephone with close friends or relatives? [ ] All days [ ] Most days [ ] Some days [ ] Few days [ ] No Days

23. How often did you go to a meeting of a church, club, team, or other groups? [ ] All days [ ] Most days [ ] Some days [ ] Few days [ ] No Days

24. Did you feel that your family or friends were sensitive to your personal needs? [ ] All days [ ] Most days [ ] Some days [ ] Few days [ ] No Days

If you are unemployed, disabled, or retired, stop here.

25. How often were you unable to do any paid work, house work or school work? [ ] All days [ ] Most days [ ] Some days [ ] Few days [ ] No Days

26. On the days you did work, how often did you have to work a shorter day? [ ] All days [ ] Most days [ ] Some days [ ] Few days [ ] No Days