

**OSTEOARTHRITIS MIC**

<b>Instruments included in questionnaire</b>	<b>Items</b>
<b>Total Core Items</b>	<b>214</b>
<b>Disease Specific for Osteoarthritis</b>	
<b>Arthritis Impact Measurement Scales 2 (AIMS2-SF)</b>	<b>26</b>
<b>Overall Total</b>	<b>240</b>

**Arthritis Impact Measurement Scales 2 (AIMS2-SF)**

During the past four weeks ...	All days	Most days	Some days	Few days	No Days
1. How often were you physically able to drive a car or use public transportation?	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
2. How often were you in a bed or chair for most of the day?	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
3. Did you have trouble doing vigorous activities such as running, lifting heavy objects, or participating in strenuous sports?	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
4. Did you have trouble either walking several blocks or climbing a few flights of stairs?	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
5. Were you unable to walk unless assisted by another person or by a cane, crutches or walker?	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
6. Could you easily write with a pen or pencil?	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
7. Could you easily button a shirt or blouse?	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
8. Could you easily turn a key in a lock?	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
9. Could you easily comb or brush your hair?	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
10. Could you easily reach shelves that were above your head?	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
11. Did you need help to get dressed?	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
12. Did you need help to get out of bed?	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
13. How often did you have severe pain from your arthritis?	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
14. How often did your morning stiffness last more than one hour from the time you woke up?	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
15. How often did your pain make it difficult for you to sleep?	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
16. How often have you felt tense or high strung?	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
17. How often have you been bothered by nervousness or your nerves	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
18. How often have you been in low or very low spirits?	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
19. How often have you enjoyed the things you do?	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
20. How often did you feel like a burden to others?	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
21. How often did you get together with friends or relatives?	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
22. How often were you on the telephone with close friends or relatives?	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
23. How often did you go to a meeting of a church, club, team, or other groups?	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
24. Did you feel that your family or friends were sensitive to your personal needs? If you are unemployed, disabled, or retired, stop here.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
25. How often were you unable to do any paid work, house work or school work?	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
26. On the days you did work, how often did you have to work a shorter day?	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>