

Patient Questionnaire (12-Month)

1. General Questions

1.1 Have you had an assessment for your cardio vascular risk (blood pressure, cholesterol)?

Yes No

1.2 Has anyone discussed bone health with you?

Yes No

1.1a Who did the assessment?

GP Rheumatology team Other

1.2a Who?

GP Rheumatology team Other

2. Musculoskeletal Health Questionnaire (MSK-HQ)

The MSK-HQ is a short questionnaire that allows people with musculoskeletal conditions to report their symptoms and quality of life in a standardised way. The aim of the questionnaire is to assess how well services improve the quality of life for people with musculoskeletal conditions, such as arthritis or back pain.

2.1 Pain/stiffness during the day:

How severe was your usual joint or muscle pain and/or stiffness overall during the day in the last 2 weeks?

Not at all Slightly Moderately Fairly severe Very severe

2.2 Pain/stiffness at night:

How severe was your usual joint or muscle pain and/or stiffness overall at night in the last 2 weeks?

Not at all Slightly Moderately Fairly severe Very severe

2.3 Walking:

How much have your symptoms interfered with your ability to walk in the last 2 weeks?

Not at all Slightly Moderately Severely Unable to walk

2.4 Washing/Dressing:

How much have your symptoms interfered with your ability to wash or dress yourself in the last 2 weeks?

Not at all Slightly Moderately Severely Unable to wash or dress myself

2.5 Physical activity levels:

How much has it been a problem for you to do physical activities (e.g. going for a walk or jogging) to the level you want because of your joint or muscle symptoms in the last 2 weeks?

Not at all Slightly Moderately Severely Unable to do physical activities

2.6 Work/daily routine:

How much have your joint or muscle symptoms interfered with your work or daily routine in the last 2 weeks (including work & jobs around the house)?

Not at all Slightly Moderately Severely Extremely

2. Musculoskeletal Health Questionnaire (MSK-HQ) *continued*

2.7 Social activities and hobbies:

How much have your joint or muscle symptoms interfered with your social activities and hobbies in the last 2 weeks?

Not at all Slightly Moderately Severely Extremely

2.8 Needing help:

How often have you needed help from others (including family, friends, or carers) because of your joint or muscle symptoms in the last 2 weeks?

Not at all Rarely Sometimes Frequently All the time

2.9 Sleep:

How often have you had trouble with either falling asleep or staying asleep because of your joint or muscle symptoms in the last 2 weeks?

Not at all Rarely Sometimes Frequently Every night

2.10 Fatigue or low energy:

How much fatigue or low energy have you felt in the last 2 weeks?

Not at all Slight Moderate Severe Extreme

2.11 Emotional well-being:

How much have you felt anxious or low in your mood because of your joint or muscle symptoms in the last 2 weeks?

Not at all Slightly Moderately Severely Extremely

2.12 Understanding of your condition and any current treatment:

Thinking about your joint or muscle symptoms, how well do you feel you understand your condition and any current treatment (including your diagnosis and medication)?

Completely Very well Moderately Slightly Not at all

2.13 Confidence in being able to manage your symptoms:

How confident have you felt in being able to manage your joint or muscle symptoms by yourself in the last 2 weeks (e.g. medication, changing lifestyle)?

Extremely Very well Moderately Slightly Not at all

2.14 Overall impact:

How much have your joint or muscle symptoms bothered you overall in the last 2 weeks?

Not at all Slightly Moderately Very much Extremely

2.15 Physical activity levels:

In the past week, on how many days have you done a total of 30 minutes or more of physical activity, which was enough to raise your heart rate? This may include sport, exercise and brisk walking or cycling for recreation or to get to and from places, but should not include housework or physical activity that is part of your job.

None 1 day 2 days 3 days
 4 days 5 days 6 days 7 days

3. Your wellbeing (Patient Health Questionnaire – PHQ-2)

Having any long-term health condition can affect your mental wellbeing, as well as your physical wellbeing. This questionnaire will help you to let us know how you are. Read each item and tick the box next to the response which comes closest to how you have felt in the last couple of weeks. Don't take too long over your replies – your immediate reaction will probably be more accurate than a long thought-out response.

Over the last 2 weeks how often have you been bothered by any of the following problems?

3.1 Little interest or pleasure in doing things

Not at all Several days More than half the days Nearly every day

3.2 Feeling down, depressed, or hopeless

Not at all Several days More than half the days Nearly every day

4. Your wellbeing (Generalised Anxiety Disorder scale – GAD-2)

Having any long-term health condition can affect your mental wellbeing, as well as your physical wellbeing. This questionnaire will help you to let us know how you are. Read each item and tick the box next to the response which comes closest to how you have felt in the last couple of weeks. Don't take too long over your replies – your immediate reaction will probably be more accurate than a long thought-out response.

Over the last 2 weeks how often have you been bothered by any of the following problems?

4.1 Feeling nervous, anxious or on edge

Not at all Several days More than half the days Nearly every day

4.2 Not being able to stop or control worrying

Not at all Several days More than half the days Nearly every day

5. Work questionnaire (Work Productivity and Activity Impairment Questionnaire – WPAI)

The following questions ask about the effect of your condition on your ability to work and perform regular activities.

5.1 Are you currently employed (working for pay)?
If yes, skip to 5.3

Yes No

5.2 Have you stopped work since you began experiencing symptoms?

Yes No

5.2a If yes, was this due to your symptoms?

Yes No

5.3 Have you changed your job, role or hours since you began experiencing symptoms?

Yes No

Skip if answered No at 5.1.

5.3a If yes, was this due to your symptoms?

Yes No

Skip if answered No at 5.1.

5.4 What is/was your occupation?

5.5 What industry do/did you work in?

5.6 During the past seven days, how many hours did you miss from work because of your health condition?

Include hours you missed on sick days, times you went in late, left early, etc., because of your health problems.
Do not include time you missed to participate in this study

hours

Skip if answered No at 5.1.

5.7 During the past seven days, how many hours did you actually work?

hours

Skip if answered No at 5.1. If 0, skip to question 5.9.

5.8 During the past seven days, how much did your condition affect your productivity while you were working?

Think about days you were limited in the amount or kind of work you could do, days you accomplished less than you would like, or days you could not do your work as carefully as usual. If your condition affected your work only a little, choose a low number. Choose a high number if condition affected your work a great deal.

0 1 2 3 4 5 6 7 8 9 10

Condition had no effect on my work – 0

Condition completely prevented me from working – 10

5.9 During the past seven days, how much did your condition affect your ability to do your regular daily activities, other than work at a job?

By regular activities, we mean the usual activities you do, such as work around the house, shopping, childcare, exercising, studying, etc. Think about times you were limited in the amount or kind of activities you could do and times you accomplished less than you would like. If your condition affected your activities only a little, choose a low number. Choose a high number if your condition affected your activities a great deal.

0 1 2 3 4 5 6 7 8 9 10

Condition had no effect on my daily activities – 0

Condition completely prevented me from doing my daily activities – 10

6. General impact of your condition (Patient Global Assessment score)

6.1 Considering all the ways your condition affects you, how well are you doing?

Please mark on the scale below to indicate how well you are doing.

0 1 2 3 4 5 6 7 8 9 10

Not affected at all – 0

Very Severely Affected – 100