

Hospital Name

Hospital ID

Email Address

Please return to your Rheumatology department

Patient Questionnaire (3-Month)

1. General Questions

1.1 Did your clinician set a treatment target with you?

 Yes No

1.2 Have you been provided information for your specific condition and support to enable you to better manage your condition?

 Yes No

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 Slightly Moderate Slight 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
