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North Staffordshire Health Study

Version 1.0, 02May2017
REC Reference: 15/NW/0735

This research project is funded by Arthritis Research UK

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INSTRUCTIONS FOR COMPLETION

The aim of this study is to find out about your health and how it impacts on activities of daily life. The answers you give in the questionnaire will be treated in the **strictest confidence.**

Please answer even if you have no problems with your health.

Please answer all of the questions unless the instructions ask you to do something else.

Please write in **BLACK PEN** and **BLOCK CAPITALS** where appropriate.

Most of the questions can be answered by putting a cross in a box like this:

For example: *How confident are you at completing forms by yourself?*

Not confident										Very confident
0	1	2	3	4	5	6	7	8	9	10
☐	☐	☐	☐	☐	☐	☒	☐	☐	☐	☐

When you have finished please check that you have answered all of the questions and then return the questionnaire in the pre-paid envelope enclosed. You do not need a stamp. Please return the completed questionnaire within the next two weeks.

More details about this study are available in the Participant Information Sheet enclosed.

If you would like further information about this study, please contact the North Staffordshire Health Study co-ordinator on 01782 734721.

Thank you for your help with this research study.

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SECTION A: YOUR GENERAL HEALTH

PART 1

We are interested in your general health. Under each heading, please cross the ONE box that best describes your health **TODAY**

a. MOBILITY

- I have no problems in walking about.................................. ☐
- I have slight problems in walking about.............................. ☐
- I have moderate problems in walking about....................... ☐
- I have severe problems in walking about........................... ☐
- I am unable to walk about... ☐

b. SELF-CARE

- I have no problems washing or dressing myself................ ☐
- I have slight problems washing or dressing myself............ ☐
- I have moderate problems washing or dressing myself...... ☐
- I have severe problems washing or dressing myself.......... ☐
- I am unable to wash or dress myself................................. ☐

c. USUAL ACTIVITIES (e.*g. work, study, housework, family or leisure activities)*

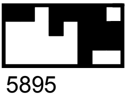
- I have no problems doing my usual activities...................... ☐
- I have slight problems doing my usual activities.................. ☐
- I have moderate problems doing my usual activities........... ☐
- I have severe problems doing my usual activities............... ☐
- I am unable to do my usual activities.................................. ☐

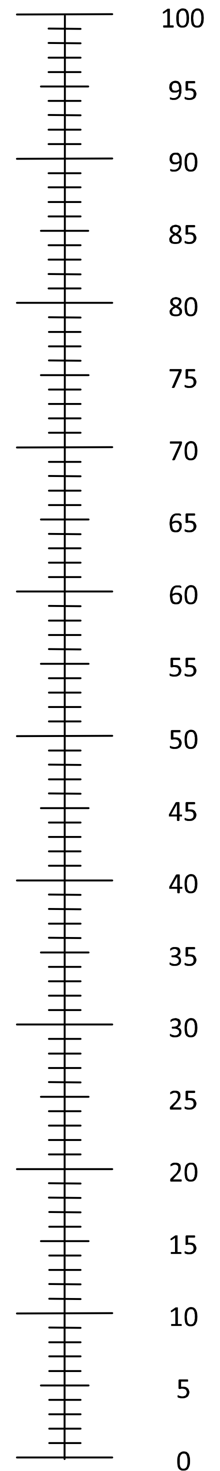
d. PAIN / DISCOMFORT

- I have no pain or discomfort... ☐
- I have slight pain or discomfort.. ☐
- I have moderate pain or discomfort.................................. ☐
- I have severe pain or discomfort....................................... ☐
- I have extreme pain or discomfort..................................... ☐

e. ANXIETY / DEPRESSION

- I am not anxious or depressed... ☐
- I am slightly anxious or depressed..................................... ☐
- I am moderately anxious or depressed.............................. ☐
- I am severely anxious or depressed................................... ☐
- I am extremely anxious or depressed................................ ☐





We would like to know how good or bad your health is TODAY.

- This scale is numbered from 0 to 100.
- 100 means the best health you can imagine.
  0 means the worst health you can imagine.
- Mark an X on the scale to indicate how your health is TODAY.
- Now, please write the number you marked on the scale in the box below.

YOUR HEALTH TODAY = [ ][ ][ ]

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PART 2

These questions are about any **joint, back, neck, bone and muscle symptoms** such as aches, pains and /or stiffness that you may have. Please complete each of the following questions **even if you have not suffered pain in any of these areas.**

	Never	**Some days**	**Most days**	**Every day**
1. In the **past 6 months,** how often did you have pain?	☐	☐	☐	☐
2. Over the **past 6 months**, how often did pain limit your life or work activities?	☐	☐	☐	☐

*For each question **cross (X) one box** to indicate which statement best describes you **over the last 2 weeks.***

3. 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 ☐
4. Pain / stiffness during the **night** How severe was your usual joint or muscle pain and / or stiffness overall during the **night** in the last 2 weeks?	Not at all ☐	Slightly ☐	Moderately ☐	Fairly severe ☐	Very severe ☐
5. 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 ☐
6. 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 ☐
7. 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 ☐	Very much ☐	Unable to do physical activities ☐

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8. 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
☐	☐	☐	☐	☐

9. 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
☐	☐	☐	☐	☐

10. 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
☐	☐	☐	☐	☐

11. 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
☐	☐	☐	☐	☐

12. 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
☐	☐	☐	☐	☐

13. 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
☐	☐	☐	☐	☐

14. 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
☐	☐	☐	☐	☐

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15. 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	Moderately	Slightly	Not at all
☐	☐	☐	☐	☐

16. 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
☐	☐	☐	☐	☐

17. 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**
☐	☐	☐	☐	☐	☐	☐	☐

SECTION B: ABOUT YOU AND YOUR CIRCUMSTANCES

This section contains general questions about yourself and your circumstances. Please follow the instructions and answer ALL of the questions.

1. What is your date of birth? ☐☐ / ☐☐ / ☐☐

(For example - if you were born on the 5th of June 1936, this would be entered as 05/06/36)

2. Are you: Female ☐ Male ☐

3. What is your current employment status?
(Please put a cross in one box only)

In paid employment or self-employed	Unable to work because of sickness or disability	Retired	Unemployed / seeking work	Looking after home and / or family	Doing unpaid or voluntary work	Full or part-time student	Other
☐	☐	☐	☐	☐	☐	☐	☐

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For Office Use Only:	
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Data Entry	Quality Checked

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SECTION C: CONTINUING TO HELP WITH THIS STUDY

Thank you very much for completing this questionnaire.

Please ensure that you have read the enclosed Participant Information Sheet (version 1.1 dated 23-May-2017) that explains about the study.

By completing and returning this questionnaire, you confirm that you have read and understood the Participant Information Sheet and are willing to take part in the study.

You can withdraw from the study at any time, and this will not affect the care you receive in any way.

Consent form

As well as completing this questionnaire, we would like your permission to review your medical records and results of previous studies as part of this study. More details on this can be found in the Participant Information Sheet.

Even if you would prefer us not to review your medical records or link this information to that from previous questionnaires, or be contacted again in the future, the answers you have given in this questionnaire will still be very important to us.

Please read and complete the following consent form, and then sign below.
Please answer each statement by putting a cross in the box on each line.

	Yes	No
I give my permission for my medical records to be reviewed for this study................	☐	☐
I give my permission for the information collected in this questionnaire to be linked to the information I gave in similar previous questionnaires from Keele University (if applicable)	☐	☐
I am happy to be contacted about future research studies (this does not mean that you must take part in future - you are just agreeing to be contacted again)	☐	☐

Signed: .... Date: ....

Please print your name and address:

Title: .... Forename: .... Surname: ....

Address: ....

.... Town/City: ....

County: .... Postcode: ....

Telephone number: ....

Please return your questionnaire in the pre-paid envelope provided (no stamp needed).

Thank you for your help with this research study.

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Logged 1	DB Logged