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ARTHRITIS IMPACT MEASUREMENT SCALES 2 (AIMS2)

Instructions: Please answer the following questions about your health. Most questions ask about your health during the past month. There are no right or wrong answers to the questions and most can be answered with a simple check (X). Please answer every question.

Please begin b	by providing the following	g information about yourself.	
NAME:			
ADDRESS:	Number	Street	Apt#
	City	State	Zip
PHONE:	Area Code Number	TODAY'S DATE:Month Day	

These questions refer to MOBILITY LEVEL.

DU :	RING THE PAST MONTH	All Days (1)	Most Days (2)	Some Days (3)	Few Days (4)	No Days (5)	
1.	How often were you physically able to drive a car or use public transportation?						8/
2.	How often were you out of the house for at least part of the day?						9/
3.	How often were you able to do errands in the neighborhood?						10/
4.	How often did someone have to assist you to get around outside your home?						11/
5.	How often were you in a bed or chair for most or all of the day?						12/
The	se questions refer to WALKING AND BENDI	ING.					
DU :							
	RING THE PAST MONTH	All Days (1)	Most Days (2)	Some Days (3)	Few Days (4)	No Days (5)	
6.	Did you have trouble doing vigorous activities such as running, lifting heavy objects, or participating in	Days	Days	Days	Days	Days	13/
 7. 	Did you have trouble doing vigorous activities such as running, lifting	Days	Days	Days	Days	Days	13/
	Did you have trouble doing vigorous activities such as running, lifting heavy objects, or participating in strenuous sports? Did you have trouble either walking several blocks or climbing a few flights	Days	Days	Days	Days	Days	·
7.	Did you have trouble doing vigorous activities such as running, lifting heavy objects, or participating in strenuous sports? Did you have trouble either walking several blocks or climbing a few flights of stairs? Did you have trouble bending, lifting	Days	Days	Days	Days	Days	14/
7.	Did you have trouble doing vigorous activities such as running, lifting heavy objects, or participating in strenuous sports? Did you have trouble either walking several blocks or climbing a few flights of stairs? Did you have trouble bending, lifting or stooping? Did you have trouble either walking	Days	Days	Days	Days	Days	14 15

These questions refer to **HAND AND FINGER FUNCTION**.

DU I	RING THE PAST MONTH	All Days (1)	Most Days (2)	Some Days (3)	Few Days (4)	No Days (5)	
11.	Could you easily write with a pen or pencil?						18/
12.	Could you easily button a shirt or blouse?						19/
13.	Could you easily turn a key in a lock?						20/
14.	Could you easily tie a knot or a bow?						21/
15.	Could you easily open a new jar of food?						22/
							AIMS
	se questions refer to ARM FUNCTION. RING THE PAST MONTH	All Days (1)	Most Days (2)	Some Days (3)	Few Days (4)	No Days (5)	
16.	Could you easily wipe your mouth with a napkin?						23/
17.	Could you easily put on a pullover sweater?						24/
18.	Could you easily comb or brush your hair?						25/
19.	Could you easily scratch your low back						
	with your hand?						26/

These questions refer to **SELF-CARE TASKS.**

DITE	RING THE PAST MONTH	Always (1)	Very Often (2)	Sometimes (3)	Almost Never (4)	Never (5)	
Der	and the thornin	(1)	(2)	(3)	(1)	(3)	
21.	Did you need help to take a bath or shower?						28/
22.	Did you need help to get dressed?						29/
23.	Did you need help to use the toilet?						30/
24.	Did you need help to get in or out of bed?						31/
						A	IMS
Thes	te questions refer to HOUSEHOLD TASKS.		Vann		A.1		
		Always	Very Often	Sometimes	Almost Never	Never	
DUF	RING THE PAST MONTH	Always (1)	Often (2)	Sometimes (3)	Never (4)	Never (5)	
DUR 25.	RING THE PAST MONTH If you had the necessary transportation, could you go shopping for groceries without help?	•	Often		Never		32/
	If you had the necessary transportation, could you go shopping for groceries	•	Often		Never		32/
25.	If you had the necessary transportation, could you go shopping for groceries without help? If you had kitchen facilities, could you	•	Often		Never		,

The	se questions refer to SOCIAL ACTIVITY.	All	Most	Some	Few	No	
DUI	RING THE PAST MONTH	Days (1)	Days (2)	Days (3)	Days (4)	Days (5)	
29.	How often did you get together with friends or relatives?						36/
30.	How often did you have friends or relatives over to your home?						37/
31.	How often did you visit friends or relatives at their homes?						38/
32.	How often were you on the telephone with close friends or relatives?						39/
33.	How often did you go to a meeting of a church, club, team or other group?						40/
							ATMC
	se questions refer to SUPPORT FROM FAI	Always	Very Often	Sometime		Never	AIMS
	RING THE PAST MONTH Did you feel that your family or friends would be around if you		Very				
DU I	RING THE PAST MONTH Did you feel that your family or	Always	Very Often	Sometime	s Never	Never	41/ 42/
DU I 34.	RING THE PAST MONTH Did you feel that your family or friends would be around if you needed assistance? Did you feel that your family or friends were sensitive to your	Always	Very Often	Sometime	s Never	Never	41/
DU I 34.	RING THE PAST MONTH Did you feel that your family or friends would be around if you needed assistance? Did you feel that your family or friends were sensitive to your personal needs? Did you feel that your family or friends were interested in helping	Always	Very Often	Sometime	s Never	Never	41/

Thes	se questions refer to ARTHRITIS PAIN.		Severe	Moderate	Mild	Very Mild	None	
DUI	RING THE PAST MONTH		(1)	(2)	(3)	(4)	(5)	
38.	How would you describe the arthritis pain you usually had?							45/
			All Days (1)	Most Days (2)	Some Days (3)	Few Days (4)	No Days (5)	
39.	How often did you have severe pain from your arthritis?							46/
40.	How often did you have pain in two or more joints at the same time?							47/
41.	How often did your morning stiffness last more than one hour from the time you woke up?							48/
42.	How often did your pain make it diffict for you to sleep?	ılt						49/
Thes	se questions refer to WORK.	Paid	House	School			A	IMS
DUI		work (1)	work (2)	work Uner	nployed (4)	Disabled (5)	Retire (6)	d
43.	What has been your main form of work?							50/
If yo	ou answered unemployed, disabled or retired	d, pleas	•	•		Ü	•	page.
DUI	RING THE PAST MONTH		All Days (1)	Most Days (2)	Some Days (3)	Few Days (4)	No Days (5)	
44.	How often were you unable to do any paid work, housework or school work?							51/
45.	On the days that you did work, how often did you have to work a shorter day?							52/
46.	On the days that you did work, how often were you unable to do your work as carefully and accurately as you would like?							53/
47.	On the days that you did work, how often did you have to change the way your paid work, housework or school work is usually done?							54/

These questions refer to LEVEL OF TENSION.

D Ul	RING THE PAST MONTH	Always (1)	Very Often (2)	Sometimes (3)	Almost Never (4)	Never (5)	
48.	How often have you felt tense or high strung?						55/
49.	How often have you been bothered by nervousness or your nerves?						56/
50.	How often were you able to relax without difficulty?						57/
51.	How often have you felt relaxed and free of tension?						58/
52.	How often have you felt calm and peaceful?						59/
							AIMS
The	se questions refer to MOOD.		Very		Almost		
DUI	RING THE PAST MONTH	Always (1)	Often (2)	Sometimes (3)	Never (4)	Never (5)	
53.	How often have you enjoyed the things you do?						60/
54.	How often have you been in low or very low spirits?						61/
55.	How often did you feel that nothing turned out the way you wanted it to?						62/
56.	How often did you feel that others would be better off if you were dead?						63/
57.	How often did you feel so down in the dumps that nothing would cheer you up?						64/

These questions refer to SATISFACTION WITH EACH HEALTH AREA.

DURING THE PAST MONTH	Very Satisfied (1)	Somewhat Satisfied (2)	Neither Satisfied Nor Dis- satisfied (3)	Somewhat Dissatisfied (4)	
58. How satisfied have you been with each of these areas of yo health?	our				
MOBILITY LEVEL (example: do errands)					 65/
WALKING AND BENDING (example: climb stairs)					 66/
HAND AND FINGER FUNCTION (example: tie a bow)	ON 				 67/
ARM FUNCTION (example: comb hair)					 68/
SELF-CARE (example: take bath)					 69/
HOUSEHOLD TASKS (example: housework)					 70/
SOCIAL ACTIVITY (example: visit friends)					 71/
SUPPORT FROM FAMILY (example: help with problems)				 72/
ARTHRITIS PAIN (example: joint pain)					 73/
WORK (example: reduce hours)					 74/
LEVEL OF TENSION (example: felt tense)					 75/
MOOD (example: down in dumps)					 76/

These questions refer to ARTHRITIS IMPACT ON EACH AREA OF HEALTH.

DUI	RING THE PAST MONTH	Not A Problem For Me (0)	Due Entirely To Other Causes (1)	Due Largely To Other Causes (2)	Due Partly To Arthritis And Partly To Other Causes (3)	Due Largely To My Arthritis (4)	To My	
59.	How much of your problem in each area of health was due to your arthritis?							
	BILITY LEVEL mple: do errands)							8/
	LKING AND BENDING mple: climb stairs)							9/
	ND AND FINGER FUNCTION mple: tie a bow)	·						10/
	M FUNCTION mple: comb hair)							11/
	F-CARE mple: take bath)							12/
	USEHOLD TASKS mple: housework)							13/
	CIAL ACTIVITY mple: visit friends)							14/
	PPORT FROM FAMILY mple: help with problems)							15/
	THRITIS PAIN mple: joint pain)							16/
WO (exa	RK mple: reduce hours)							17/
	VEL OF TENSION mple: felt tense)							18/
MO (exa	OD mple: down in dumps)							19/

1 0

You have now answered questions about different AREAS OF YOUR HEALTH. These areas are listed below. Please check (X) UP to THREE AREAS in which you would **MOST LIKE TO SEE IMPROVEMENT**. Please read all 12 areas of health choices before making your decision:

		check = blank =
60. AREAS OF HEALTH	THREE AREAS FOR IMPROVEMENT	
MOBILITY LEVEL (example: do errands)		20/
WALKING AND BENDING (example: climb stairs)		21/
HAND AND FINGER FUNCTION (example: tie a bow)		22/
ARM FUNCTION (example: comb hair)		23/
SELF-CARE (example: take bath)		24/
HOUSEHOLD TASKS (example: housework)		25/
SOCIAL ACTIVITY (example: visit friends)		26/
SUPPORT FROM FAMILY (example: help with problems)		27/
ARTHRITIS PAIN (example: joint pain)		28/
WORK (example: reduce hours)		29/
LEVEL OF TENSION (example: felt tense)		30/
MOOD (example: down in dumps)		31/
Please make sure that you have checked I	no more than THREE AREAS for improvement.	

These questions refer to your **CURRENT** and **FUTURE HEALTH**.

			Excellent (1)	Good (2)	Fair (3)	Poor (4)	
61.	In general would you say that your HEALTH NOW is excellent, good, fair or poor?						64/
62.	How satisfied are you with your HEALTH NOW?	Very Satisfied (1)	Somewhat Satisfied (2)		Somewhat Dissatisfied (4)		32/
	Not A Problem For Me (0)		Due T Largely A	-	s Due	Due Entirely To My Arthritis (5)	32/
63.	How much of your problem with your HEALTH NOW is due to your arthritis?						34/
			Excellent (1)	Good (2)	Fair (3)	Poor (4)	
64.	In general do you expect that your HEALTH 10 YEARS FROM NOW will be excellent, good, fair or poor?						35/
			No Problem At All (1)		Moderate Problem (3)		
65.	How big a problem do you expect your arthritis to be 10 YEARS FROM NOW?						36/

This question refers to **OVERALL ARTHRITIS IMPACT.**

		Very Well (1)		Vell (2)	Fair (3)	Poor (4)	Very Poorly (5)	,
66.	CONSIDERING ALL THE WAYS THAT YOUR ARTHRITIS AFFECTS YOU, how well are you doing compared to other people your age?							37/
67.	What is the main kind of arthritis that yo	ou have?						x = 1 $x = 0$
Rhe	rumatoid Arthritis							38/
Oste	eoarthritis/Degenerative Arthritis							39/
Syst	temic Lupus Erythematosis							40/
Fibi	romyalgia							41/
Scle	roderma							42/
Pso	riatic Arthritis							43/
Reit	ter's Syndrome							44/
Goı	at							45/
Low	v Back Pain							46/
Ten	donitis/Bursitis							47/
Oste	eoporosis							48/
Oth	er							49/
68.	How many years have you had arthritis?						50	0-51/
DU I	RING THE PAST MONTH	Al Day (1)	ys	Most Days (2)	Some Days (3)		ys Days	
69.	How often have you had to take MEDICATION for your arthritis?							52/

Please check (X) yes or no for each question.

70. Is your health currently affected by any of the following medical problems?

		Yes (1)	No (2)	
High blood pressure	_			53/
Heart disease	_			54/
Mental illness	_			55/
Diabetes	_			56/
Cancer	_			57/
Alcohol or drug use	<u> </u>			58/
Lung disease	_			59/
Kidney disease	<u></u>			60/
Liver disease				61/
Ulcer or other stomach disease				62/
Anaemia or other blood disease				63/
		Yes (1)	No (2)	
71. Do you take medicine every day for any problem other than your arthritis?				64/
72. Did you see a doctor more than three times last year for any problem other than arthritis?				65/

Plea	se provide the following information about yourself:	
73.	What is your age at this time?	 66–67/
74.	What is your sex?	
	e (1) nale (2)	 68/
75.	What is your racial background?	
Blac Hisp Asia Am Oth	ite (1) ck (2) canic (3) an or Pacific Islander (4) erican Indian or Alaskan Native (5) er (6) What is your current marital status?	69/
Sepa Div Wic	rried (1) arate (2) orced (3) lowed (4) er married (5)	70/
77.	What is the highest level of education you received?	71/
Gra Gra Hig One Col	s than seven years of school (1) des seven through nine (2) des ten through eleven (3) h school graduate (4) to four years of college (5) lege graduate (6) fessional or graduate school (7) What is your approximate family income including wages, disability payment, retirement income and welfare?	72/
\$10 \$20 \$30 \$40 \$50 \$60	s than \$10,000 (1) 000-\$19,999 (2) 000-\$29,999 (3) 000-\$39,999 (4) 000-\$49,999 (5) 000-\$59,999 (6) 000-\$69,999 (7) re than \$70,000 (8)	72)

Thank you for completing this questionnaire.