

ARTHRITIS RESEARCH UK MUSCULOSKELETAL HEALTH QUESTIONNAIRE (MSK-HQ)

This questionnaire is about your **joint, back, neck and muscle symptoms** such as aches, pains and/or stiffness.

Please focus on the particular health problem(s) for which you sought treatment from this service.

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

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 <input type="checkbox"/>	Slightly <input type="checkbox"/>	Moderately <input type="checkbox"/>	Fairly severe <input type="checkbox"/>	Very severe <input type="checkbox"/>
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 <input type="checkbox"/>	Slightly <input type="checkbox"/>	Moderately <input type="checkbox"/>	Fairly severe <input type="checkbox"/>	Very severe <input type="checkbox"/>
3. Walking How much have your symptoms interfered with your ability to walk in the last 2 weeks?	Not at all <input type="checkbox"/>	Slightly <input type="checkbox"/>	Moderately <input type="checkbox"/>	Severely <input type="checkbox"/>	Unable to walk <input type="checkbox"/>
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 <input type="checkbox"/>	Slightly <input type="checkbox"/>	Moderately <input type="checkbox"/>	Severely <input type="checkbox"/>	Unable to wash or dress myself <input type="checkbox"/>
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 <input type="checkbox"/>	Slightly <input type="checkbox"/>	Moderately <input type="checkbox"/>	Very much <input type="checkbox"/>	Unable to do physical activities <input type="checkbox"/>
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 <input type="checkbox"/>	Slightly <input type="checkbox"/>	Moderately <input type="checkbox"/>	Severely <input type="checkbox"/>	Extremely <input type="checkbox"/>
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 <input type="checkbox"/>	Slightly <input type="checkbox"/>	Moderately <input type="checkbox"/>	Severely <input type="checkbox"/>	Extremely <input type="checkbox"/>