INTERVIEW ON TREATMENT AND DISABILITY

FOLLOW-UP SURVEY

Locality

Id number Date

A. FOOT

1. Have you had trouble in foot during the past month?

no (to question B 1)	0
yes, right foot	1
yes, left foot	2
yes, both feet	3

2. How long ago did you last see a physician because of this disorder?

I haven't seen a physician (to question A 5)	0
___ months ago	

3. What did the physician think was the reason for the disorder?

injury	1
osteoarthritis	1
rheumatoid arthritis	1
other inflammation	1
flat foot	1
bunion or hallux valgus	1
hammer toe	1
other	1
don't know	9

4. What kind of treatment did the physician suggest? Did you receive this treatment?

	suggested	received
medication, drugs	[1]	[2]
surgery	[1]	[2]
supporting inner sole or special footwear	[1]	[2]
exercise	[1]	[2]
other	[1]	[2]
nothing	[1]	

5. To what extent has this disorder caused you during the past month difficulties in daily functions at home and at work, respectively?

	at home	at work
no difficulties	[0]	[0]
difficulty in certain demanding tasks	[1]	[1]
continual difficulty even in everyday tasks	[2]	[2]
unable to perform daily tasks	[3]	[3]

B. KNEE

1. Have you had trouble in knee during the past month?

no (to question C 1)	[0]
yes, right knee	[1]
yes, left knee	[2]
yes, both knees	[3]

2. How long ago did you last see a physician because of this disorder?

I haven't seen a physician (to question B 5)	[0]
[ ][ ] months ago	

3. What did the physician think was the reason for the disorder?

accident, meniscus injury	1
osteoarthritis	1
rheumatoid arthritis	1
other inflammation	1
other	1
don't know	9

4. What kind of treatment did the physician suggest? Did you receive this treatment?

	suggested	received
medication, drugs	1	2
injection or needle aspiration	1	2
operation	1	2
heat therapy	1	2
immobilisation	1	2
walking stick, crutch	1	2
other	1	2
nothing	0	

5. To what extent has this disorder caused you during the past month difficulties in daily functions at home and at work, respectively?

	at home	at work
no difficulties	0	0
difficulty in certain demanding tasks	1	1
continual difficulty even in everyday tasks	2	2
unable to perform daily tasks	3	3

C. HIP

1. Have you had trouble in hip during the past month?

no (to question D 1)	0
yes, right hip	1
yes, left hip	2
yes, both hips	3

2. How long ago did you last see a physician because of this disorder?

I haven't seen a physician (to question C 5)	[0]
[ ][ ] months ago	

3. What did the physician think was the reason for the disorder?

injury, accident	[1]
osteoarthritis	[1]
rheumatoid arthritis	[1]
other inflammation	[1]
congenital defect	[1]
other	[1]
don't know	[9]

4. What kind of treatment did the physician suggest? Did you receive this treatment?

	suggested	received
medication, drugs	[1]	[2]
injection	[1]	[2]
operation	[1]	[2]
heat therapy	[1]	[2]
radiotherapy	[1]	[2]
walking stick, crutch	[1]	[2]
wheel chair	[1]	[2]
other	[1]	[2]
nothing	[0]	

5. To what extent has this disorder caused you during the past month difficulties in daily functions at home and at work, respectively?

	at home	at work
no difficulties	[0]	[0]
difficulty in certain demanding tasks	[1]	[1]
continual difficulty even in everyday tasks	[2]	[2]
unable to perform daily tasks	[3]	[3]

D. NECK - SHOULDER

1. Have you had trouble in neck or in shoulder during the past month?

no (to question E 1)	[0]
yes	[1]

2. How long ago did you last see a physician because of this disorder?

I haven't seen a physician (to question D 5)	[0]
[_][_] months ago	

3. What did the physician think was the reason for the disorder?

injury	[1]
osteoarthritis	[1]
rheumatoid arthritis	[1]
inflammation or pain of soft tissues	[1]
other	[1]
don't know	[9]

4. What kind of treatment did the physician suggest? Did you receive this treatment?

	suggested	received
medication, drugs	[1]	[2]
injections	[1]	[2]
operation	[1]	[2]
traction	[1]	[2]
heat therapy	[1]	[2]
ergonomic measures	[1]	[2]
other	[1]	[2]
nothing	[0]	

5. To what extent has this disorder caused you during the past month difficulties in daily functions at home and at work, respectively?

	at home	at work
no difficulties	[0]	[0]
difficulty in certain demanding tasks	[1]	[1]
continual difficulty even in everyday tasks	[2]	[2]
unable to perform daily tasks	[3]	[3]

E. SHOULDER JOINT

1. Have you had trouble in shoulder joint during the past month?

no (to question F 1)	[0]
yes, right shoulder joint	[1]
yes, left shoulder joint	[2]
yes, both shoulder joints	[3]

2. How long ago did you last see a physician because of this disorder?

I haven't seen a physician (to question E 5)	[0]
⌊⌋⌋ months ago	

3. What did the physician think was the reason for the disorder?

injury, luxation	[1]
osteoarthritis	[1]
rheumatoid arthritis	[1]
inflammation or pain of soft tissues	[1]
tendosynovitis	[1]
frozen shoulder	[1]
other	[1]
don't know	[9]

4. What kind of treatment did the physician suggest? Did you receive this treatment?

	suggested	received
medication, drugs	[1]	[2]
injections	[1]	[2]
operation	[1]	[2]
heat therapy	[1]	[2]
exercise	[1]	[2]
other	[1]	[2]
nothing	[0]	

5. To what extent has this disorder caused you during the past month difficulties in daily functions at home and at work, respectively?

	at home	at work
no difficulties	[0]	[0]
difficulty in certain demanding tasks	[1]	[1]
continual difficulty even in everyday tasks	[2]	[2]
unable to perform daily tasks	[3]	[3]

F. LOW BACK, SCIATICA

1. Have you had low back trouble or sciatica during the past month?

no (to question G 1) [0]

yes [1]

2. How long ago did you last see a physician because of this disorder?

I haven't seen a physician (to question F 5) [0]

[ ][ ] months ago

3. What did the physician think was the reason for the disorder?

injury, accident	[1]
disc prolaps, sciatica	[1]
osteoarthritis	[1]
ankylosing spondylitis, Bechterew's disease	[1]
scoliosis, pathologic posture	[1]
overload	[1]
weakness	[1]
other	[1]
don't know	[9]

4. What kind of treatment did the physician suggest? Did you receive this treatment?

	suggested	received
medication, drugs	[1]	[2]
injections	[1]	[2]
operation	[1]	[2]
rest	[1]	[2]
heat therapy	[1]	[2]
exercise	[1]	[2]
traction	[1]	[2]
manipulation	[1]	[2]
massage	[1]	[2]
acupuncture	[1]	[2]
ergonomic measures	[1]	[2]
other	[1]	[2]
nothing	[0]	

5. To what extent has this disorder caused you during the past month difficulties in daily functions at home and at work, respectively?

	at home	at work
no difficulties (if both 0, to question G 1)	[0]	[0]
difficulty in certain demanding tasks	[1]	[1]
continual difficulty even in everyday tasks	[2]	[2]
unable to perform daily tasks	[3]	[3]

6. In what of the following functions has this disorder caused you difficulties during the past month?

lifting and carrying	[1]
bending	[1]
sleeping	[1]
sitting	[1]
walking	[1]
standing	[1]

G. WRIST

1. Have you had trouble in wrist during the past month?

no (to question H 1)	[0]
yes, right wrist	[1]
yes, left wrist	[2]
yes, both wrists	[3]

2. How long ago did you last see a physician because of this disorder?

I haven't seen a physician (to question G 5)	[0]
[ ][ ] months ago	

3. What did the physician think was the reason for the disorder?

injury, accident	[1]
osteoarthritis	[1]
rheumatoid arthritis	[1]
tendosynovitis	[1]
other	[1]
don't know	[9]

4. What kind of treatment did the physician suggest? Did you receive this treatment?

	suggested	received
medication, drugs	[1]	[2]
injections	[1]	[2]
operation	[1]	[2]
physical therapy	[1]	[2]
other	[1]	[2]
nothing	[0]	

5. To what extent has this disorder caused you during the past month difficulties in daily functions at home and at work, respectively?

	at home	at work
no difficulties	[0]	[0]
difficulties in certain demanding tasks	[1]	[1]
continual difficulty even in everyday tasks	[2]	[2]
unable to perform daily tasks	[3]	[3]

H. HAND

1. Have you had trouble in hand (palm or fingers) during the past month?

no (to question I 1)	[0]
yes, right hand	[1]
yes, left hand	[2]
yes, both hands	[3]

2. How long ago did you last see a physician because of this disorder?

I haven't seen a physician (to question H 5)	[0]
[ ][ ] months ago	

3. What did the physician think was the reason for the disorder?

injury, accident	[1]
osteoarthritis	[1]
rheumatoid arthritis	[1]
other inflammation	[1]
other	[1]
don't know	[9]

4. What kind of treatment did the physician suggest? Did you receive this treatment?

	suggested	received
medication, drugs	[1]	[2]
injections	[1]	[2]
operation	[1]	[2]
physical therapy	[1]	[2]
other	[1]	[2]
nothing	[0]	

5. To what extent has this disorder caused you during the past month difficulties in daily functions at home and at work, respectively?

	at home	at work
no difficulties	[0]	[0]
difficulties in certain demanding tasks	[1]	[1]
continual difficulty even in everyday tasks	[2]	[2]
unable to perform daily tasks	[3]	[3]

I. OTHER JOINTS, MUSCLES AND TENDONS

1. Have you had trouble in other joints, muscles or tendons during the past month?

no (to question J 1) [0]

yes, where? _____

_____ ⌊_⌋

2. How long ago did you last see a physician because of this disorder?

I haven't seen a physician (to question I 5) [0]

⌊_⌋⌊_⌋ months ago

3. What did the physician think was the reason for the disorder?

_____

_____

_____ ⌊_⌋⌊_⌋

4. What kind of treatment did the physician suggest? Did you receive this treatment?

	suggested	received
medication, drugs	[1]	[2]
injections	[1]	[2]
operation	[1]	[2]
physical therapy	[1]	[2]
other	[1]	[2]
nothing	[0]	

5. To what extent have these disorders caused you during the past month difficulties in daily functions at home and at work, respectively?

	at home	at work
no difficulties	[0]	[0]
difficulties in certain demanding tasks or only occasionally	[1]	[1]
continual difficulty even in everyday tasks	[2]	[2]
unable to perform daily tasks	[3]	[3]

J. SURGICAL OPERATIONS

1. Have you had a back or joint operation?

no (interview ends)	[0]
yes	[1]

2. Can you remember in what years, why and where the operations (operation) were performed?

1. _____ |_|_|_|_|_|
2. _____ |_|_|_|_|_|
3. _____ |_|_|_|_|_|
4. _____ |_|_|_|_|_|
5. _____ |_|_|_|_|_|

3. Were you unable to work before your (first) operation?

no	[0]
yes, because of the illness which necessitated the operation	[1]
yes, because of some other illness (interview ends)	[2]
operation performed before working age or after retirement (interview ends)	[3]

4. Were you able to work after your (first) operation?

no (interview ends)	[0]
yes, after [| |] months	[1]

5. Have you since become permanently incapable to work?

no	[0]
yes, because of the illness which necessitated the operation	[1]
yes, because of some other illness	[2]
I am retired	[3]