INTERVIEW ON TREATMENT AND DISABILITY

		Locality	
		Id number Date	
	FOOT		
1.	Have you had trouble in foot during	the past month?	
		no (to question B 1)	0
		yes, right foot	
		yes, left foot	1 2
		yes, both feet	3
2.	How long ago did you last see a phys	sician because of this disorder?	
		I haven't seen a physician (to question A 5)	
		months ago	
	3. What did the physicia	n think was the reason for the disorder?	
		injury	[1]
		osteoarthritis	
		rheumatoid arthritis	1
		other inflammation	1
		flat foot	1
		bunion or hallux valgus	1
		hammer toe	1
		other	
		don't know	9

		suggested	received	
			1	
	medication, drugs	1	2	
	surgery	1	2	
	supporting inner sole or special footwear	1	2	
	exercise	1	2	
	other	1	2	
	nothing	1		
	t has this disorder caused you dur in daily functions at home and at			
		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 m	nonth?		-
	no (to qu	estion C 1)		0
	yes, righ			
	loft	knee		2
	yes, left			
	yes, lett			3
2. How long ago		n knees	order?	3
2. How long ago	yes, both	n knees ase of this disc	an (to	
2. How long ago	yes, both	a knees ase of this disc seen a physici questi	an (to on B 5)	3
2. How long ago	yes, both	a knees ase of this disc seen a physici questi	an (to	
2. How long ago	yes, both	a knees ase of this disc seen a physici questi	an (to on B 5)	

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

3. What die	d the physician	think was t	the reason for t	he disorder?	
		accident, osteoarthri rheumatoid other infla other don't know	arthritis		1 1 1 1 9
	nd of treatment receive this to		rsician suggest?		
			suggested	received	
	medication, d	rugs	1	2	
	injection or a	needle	1	2	
	operation			2	
	heat therapy			2	
	immobilisation	n	1	2	
	walking stick	, crutch	1	2	
	other		1	2	
	nothing		0		
5. To what extent has this difficulties in daily t		me and at wo es certain ks ficulty day tasks			
C. HIP					
1. Have you had trouble in	hip during the	past month?			
		no (to ques	tion D 1)		0
					ت
		yes, right			1
			hip		-

2. How long ago did you l	ast see a physic	ian because	of this disord	er?	
		I haven't s	een a physicia questio		0
3. What d	id the physician	think was t	he reason for	the disorder?	
		injury, acc	ident		[1]
		osteoarthri			1
		rheumatoid			
		other infla	mmation		1 1 1
		congenital	defect		
		other			1
		don't know			9
	ind of treatment u receive this t		sician suggest	?	
			suggested	received	
	medication, da	rugs	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				
5. To what extent has thi difficulties in daily					
			at home	at work	
	no difficultie	es	0	0	
	difficulty in demanding task		1	1	
	continual dif	-	2	2	
	unable to perdaily tasks	form	3	3	

	D.	NECK	- SH	Oι	JLI)ER
--	----	------	------	----	-----	-----

•	NECK	. – (SHOU	LDER						
1.	Have	you	had	trouble	in necl	c or in sho	ulder dur:	ing the pas	t month?	
							no (to qu	uestion E 1)	0
2.	How	long	ago	did you	last se	ee a physic:	ian becaus	se of this	disorder?	
							I haven't		ysician (to uestion D 5) months ago	0
				3. What	did the	e physician	think was	s the reaso	n for the disord	ler?
								id arthriti tion or pai		
							other don't kno	WC		1
						f treatment eive this t	reatment?	physician s	uggest? received	
					injection operation traction the the	on 1		1 1 1 1 1 0	2 2 2 2 2	

	5. To what extent has difficulties in da	s this disorder cause aily functions at hom			
			at home	at work	
		no difficulties	0	0	
		difficulty in cert demanding tasks		1	
		continual difficul even in everyday t	121	2	
		unable to perform daily tasks	3	3	
E.	. SHOULDER JOINT				
	1. Have you had trouk	ole in shoulder joint	during the past mont	th?	,
			no (to question F 1))	0
			yes, right shoulder		
			yes, left shoulder ;		1
			yes, both shoulder	joints	3
	2. How long ago did y	ou last see a physic	ian because of this o	disorder?	
			I haven't seen a phy	ysician (to Lestion E 5)	0
				months ago	
	3. Wr	nat did the physician	think was the reason	n for the disord	ler?
			injury, luxation		1
			osteoarthritis		1
			rheumatoid arthritis	5	1
			inflammation or pair of soft tissues	n	1
			tendosynovitis		1
			frozen shoulder		1
			other		1
			don't know		9

		suggested	received	
	medication, drugs		2	
	injections	1	2	
	operation	1	2	
	heat therapy	1	2	
	exercise	1	2	
	other	1	2	
	nothing	0		
	n daily functions at home ar	at home	at work	
	no difficulties	0	0	
	difficulty in certain demanding tasks	1	1	
	continual difficulty even in everyday tasks	2	2	
		3	3	
LOW BACK, SC	even in everyday tasks unable to perform daily tasks IATICA ow back trouble or sciatica	3	3	0
. Have you had l	even in everyday tasks unable to perform daily tasks IATICA ow back trouble or sciatica no yes id you last see a physician	during the past m (to question G 1) because of this d aven't seen a phy	onth?	

		injury, accident		1
		disc prolaps, sciat	ica	1
		osteoarthritis		1
		ankylosing spondyli Bechterew's disease		1
		scoliosis, patholog posture	;ic	1
		overload		1
		weakness		1
		other		1
		don't know		9
	at kind of treatment d you receive this t	did the physician s reatment?	uggest?	
		suggested	received	
	medication, drugs	1	2	
	injections	1	2	
	operation	1	2	
	rest	1	2	
	heat therapy	1	2	
	exercise		2	
	traction		2	
	manipulation		2	
	massage		2	
	acupuncture		[2]	
	ergonomic measures other	[1]	[2]	
	nothing		2	
		0		
5. To what extent has difficulties in dai	this disorder caused ily functions at home	d you during the past e and at work, respec	t month ctively? at work	
	no difficultion (i.		3.0 110111	
	no difficulties (into the question	on G 1)	0	
	difficulty in certa demanding tasks		1	
	continual difficult even in everyday ta		2	
	unable to perform daily tasks	3	3	

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

	the following functions has during the past month?	s this disorder caused you	
	lifting and carry: bending sleeping sitting walking standing	ing	1 1 1 1
G. WRIST			
1. Have you had	trouble in wrist during t	the past month? no (to question H 1) yes, right wrist yes, left wrist yes, both wrists	0 1 2 3
2. How long ago	did you last see a physic	rian because of this disorder? I haven't seen a physician (to question G 5)	0
	3. What did the physician	injury, accident osteoarthritis rheumatoid arthritis tendosynovitis other don't know	order? 1 1 1 1 9
	4. What kind of treatment Did you receive this to medication, drugs injections operation physical therapy other nothing	a did the physician suggest? breatment? suggested received 1 2 1 2 1 2 1 2 1 2 1 2	

		0.44 · 12 · 2 ·	o+	
		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	
HAND				essantinones in the state of th
	rouble in hand (palm or finge	ers)		
during the pas	st month? no (to question I 1)		
	yes,	right hand		1
	yes,	left hand		2
		left hand		2
2. How long ago d	yes, lid you last see a physician b	both hands		3
2. How long ago d	yes, lid you last see a physician b	both hands ecause of this d		2
2. How long ago d	yes, lid you last see a physician b	both hands ecause of this d	sician (to	3
	yes, lid you last see a physician b	both hands because of this decay. I seen a phy que LLL	sician (to estion H 5) months ago	0
	yes, lid you last see a physician b I ha	both hands because of this decay. I seen a phy que LLL	sician (to estion H 5) months ago	0
	yes, lid you last see a physician b I ha 3. What did the physician thin inju	both hands ecause of this decause of this decause a phy quents seen a phy quents se	sician (to estion H 5) months ago	0 order?
	yes, lid you last see a physician b I ha 3. What did the physician thin inju oste	both hands ecause of this decay a phy quent seen a phy q	rsician (to estion H 5) months ago for the disc	0 order?
	yes, lid you last see a physician b I ha 3. What did the physician thin inju oste rheu	both hands ecause of this decause of this decause a phy quelled k was the reason ry, accident coarthritis	rsician (to estion H 5) months ago for the disc	0 order?
	yes, lid you last see a physician b I ha 3. What did the physician thin inju oste rheu	both hands ecause of this decause of this decause of this decause of this decause a phy quent to seen a phy que	rsician (to estion H 5) months ago for the disc	O order?
	yes, Iid you last see a physician b I ha 3. What did the physician thin inju oste rheu othe	both hands ecause of this decause of this decause of this decause of this decause a phy quent to seen a phy que	rsician (to estion H 5) months ago for the disc	0 order?

	Did you receive this treatmen		gest?	
		suggested	received	
	medication, drugs		2	
	injections	1	2	
	operation	1	2	
	physical therapy	1	2	
	other	1	2	
	nothing	0		
	has this disorder caused you do daily functions at home and			
	no difficulties	0	0	
	difficulties in certain demanding tasks	1		
	continual difficulty even in everyday tasks	2	2	
	unable to perform daily tasks	3	3	
	MUSCLES AND TENDONS			
1. Have you had tr during the past	no (to	question J 1)		0
	month?			-
during the past	month?	question J 1) where?		-
during the past	month? no (to yes, w	ause of this dis	sorder?	-
during the past 2. How long ago die	month? no (to yes, w	ause of this dis	sorder? Ician (to stion I 5) nonths ago	0

	Did you receive this treatme	110:		
		suggested	received	
	medication, drugs injections	<u>1</u>	2	
	operation	1	2	
	physical therapy	1	2	
	other	1	2	
	nothing	0		
	have these disorders caused yon daily functions at home and a			
	no difficulties			
	difficulties in certain	٥	0	
	demanding tasks or only occasionally	1	1	
	continual difficulty even in everyday tasks	2	2	
	unable to perform daily tasks	3	3	
SURGICAL OPERA				
11. Have you had a	back or joint operation?			
1	no (interview ends)			

4. What kind of treatment did the physician suggest?

3. Were you unable to	o 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 wo	ork after your (first) operation?	
	no (interview ends)	0
	yes, after months	1
5. Have you since beco	ome 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