

LOCALITY

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 ID-NUMBER                      DATE  
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 OBSERVER CODE  
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INTERVIEW ON DISEASES OF THE MUSCULOSKELETAL SYSTEM

Questions relating to the back

1. Have you ever had back pains?	no (to question 9) <input style="width: 20px; height: 15px; border: 1px solid black; text-align: center;" type="text" value="0"/> yes <input style="width: 20px; height: 15px; border: 1px solid black; text-align: center;" type="text" value="1"/>
<hr/>	
2. Have you had back pains more than once?	no <input style="width: 20px; height: 15px; border: 1px solid black; text-align: center;" type="text" value="0"/> yes, 2-5 times <input style="width: 20px; height: 15px; border: 1px solid black; text-align: center;" type="text" value="1"/> yes, 6 times or more <input style="width: 20px; height: 15px; border: 1px solid black; text-align: center;" type="text" value="2"/> continuous back pains <input style="width: 20px; height: 15px; border: 1px solid black; text-align: center;" type="text" value="3"/>
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3. Have you ever had continuous back pains for over 3 months?	no <input style="width: 20px; height: 15px; border: 1px solid black; text-align: center;" type="text" value="0"/> yes <input style="width: 20px; height: 15px; border: 1px solid black; text-align: center;" type="text" value="1"/>
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4. Have you been unable to perform your daily tasks because of back pains at any time during the past 5 years? How long did this last when it last happened?	no <input style="width: 20px; height: 15px; border: 1px solid black; text-align: center;" type="text" value="0"/> yes, less than a month <input style="width: 20px; height: 15px; border: 1px solid black; text-align: center;" type="text" value="1"/> yes, 1-6 times <input style="width: 20px; height: 15px; border: 1px solid black; text-align: center;" type="text" value="2"/> yes, over 6 months <input style="width: 20px; height: 15px; border: 1px solid black; text-align: center;" type="text" value="3"/>
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5. Have you ever been obliged to change your job because of back pains?	no <input style="width: 20px; height: 15px; border: 1px solid black; text-align: center;" type="text" value="0"/> yes <input style="width: 20px; height: 15px; border: 1px solid black; text-align: center;" type="text" value="1"/>
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6. Have you had so severe back pains during the past 5 years that you were confined to bed? How many times? (No = 00, continuous = 88, if 00, go on to question 9)	times <input style="width: 20px; height: 15px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 15px; border: 1px solid black;" type="text"/>
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7. For how long were you last bedridden for this reason?	less than 2 weeks <input style="width: 20px; height: 15px; border: 1px solid black; text-align: center;" type="text" value="0"/> 2-6 weeks <input style="width: 20px; height: 15px; border: 1px solid black; text-align: center;" type="text" value="1"/> more than 6 weeks <input style="width: 20px; height: 15px; border: 1px solid black; text-align: center;" type="text" value="2"/>
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8. How old were you when you were first bedridden because of back pains?	years <input style="width: 20px; height: 15px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 15px; border: 1px solid black;" type="text"/>

9. Have you ever had pains radiating from one of the thighs to the foot (sciatica)?	no (to question 15A)	<input type="text" value="0"/>
	yes	<input type="text" value="1"/>
10. Have you had such pains more than once?	no	<input type="text" value="0"/>
	yes, 2-5 times	<input type="text" value="1"/>
	yes, 6 times or more	<input type="text" value="2"/>
	chronic sciatica	<input type="text" value="3"/>
11. Have you been unable to perform your daily tasks at any time during the past 5 years because of sciatica? How long did this last the last time?	no	<input type="text" value="0"/>
	yes, less than a month	<input type="text" value="1"/>
	yes, 1-3 months	<input type="text" value="2"/>
	yes, more than 3 months	<input type="text" value="3"/>
12. Have you had to stay in bed because of sciatica during the last 5 years? How many times? (No = 00, continuous = 88, if 00, go on to question 15)		times <input type="text" value=""/> <input type="text" value=""/>
13. How long were you bedridden during the last period like this?	less than 2 weeks	<input type="text" value="0"/>
	2-6 weeks	<input type="text" value="1"/>
	more than 6 weeks	<input type="text" value="2"/>
14. How old were you when you first had to stay in bed because of sciatica?		years <input type="text" value=""/> <input type="text" value=""/>
15.A. Have you had back pains during the last month?	no (to question 16)	<input type="text" value="0"/>
	yes	<input type="text" value="1"/>
B. When especially do you feel the pain?	getting up from bed in the morning	<input type="text" value="1"/>
	changing position (e.g. getting up from a chair)	<input type="text" value="1"/>
	lying down for a long time (e.g. in bed at night)	<input type="text" value="1"/>
	from physical effort (e.g. at work)	<input type="text" value="1"/>
	coughing or sneezing	<input type="text" value="1"/>

16. Have you ever had an accidental back injury?

A. If yes, can you say how many times.

times

(If 00, go on to question 17)

B. Did the accident oblige you

1. to see a physician?

no

yes

2. to stay away from work

no

yes

3. to stay in bed?

no

yes

4. cause you any permanent handicap?

no

yes

17. a. Have you ever had a pain in the neck, shoulders or shoulder joints?

b. Have you been obliged to give up any of your daily tasks during the past five years (last time)

c. Have you had such a pain during the past month?

No

Yes

No

Yes, for less than 2 weeks

Yes, for 2 weeks or longer

No

Yes

- neck

- shoulder

- shoulder joint

18. Have you ever had an accident that injured your neck, shoulder or shoulder joint?

neck

No

Yes

shoulder

shoulder joint

19. Only for those who answered no to one of the parts of question 17 a. (pos. 54, 57 or 60)

A. Do you have a chronic weakness in a shoulder, shoulder joint or upper limb?

no

yes, on one side only

yes, on both sides

B. Do you have muscular atrophy in a shoulder, shoulder joint or upper limb?

no  
yes, on one side only  
yes, on both sides

0
1
2

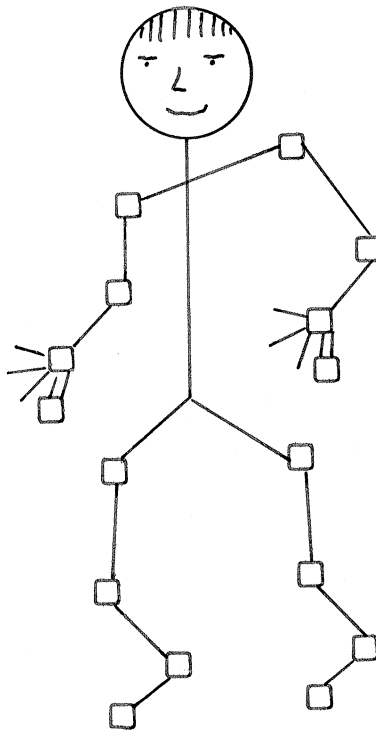
Questions concerning limb joints and feet

20. Have you had a pain, ache or pain on motion in one or more joints?

no (to question 23)  
yes

0
1

21. Can you identify these joints in the diagram (black in the relevant squares)



A	1	2	3	4	5	6	7	8
B	1	2	3	4	5	6	7	8

22. How long have you had these disorders?

A. Less than 1 year (00 = 15 days or less)

months

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B. 1 year or longer

years

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23. Have you had joint trouble during the past 5 years? no  0  
yes  1

24. Have you suffered from stiffness of joints or muscles when getting up in the morning?	Where?				How long did the stiffness last? (continuous = 888)
	a) back or neck		b) limbs		
	No	Yes	No	Yes	
a) yesterday	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 0	<input type="checkbox"/> 1	_ _  minutes (to question 25)
b) during the past month	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 0	<input type="checkbox"/> 1	_ _  minutes (to question 25)
c) during the past 5 years	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 0	<input type="checkbox"/> 1	

25. Have you ever had joint inflammation or swelling of at least three joints simultaneously?  
If you have, have you had such an arthritic condition more than once?  
(No = 00, arthritis chronic after it started = 88; if 00, to question 27) times  
|\_|

26. At what age did you first have arthritis of this kind? age  
|\_|

27. Have you had a tendovaginitis?

	No	Yes
- in an ankle	<input type="checkbox"/> 0	<input type="checkbox"/> 1
- in the wrist region	<input type="checkbox"/> 0	<input type="checkbox"/> 1
- elsewhere	<input type="checkbox"/> 0	<input type="checkbox"/> 1

28. Do you have a foot deformity which hampers walking (e.g, flat foot, bunion or hammer toe)? no  0  
yes  1

29. Do you have a congenital hip disorder? no  0  
yes  1

30. Have you had difficulty in walking or do you limp due to a hip disorder or defect during the past month? no  0  
yes  1

31. Have you had difficulty in walking or do you	no	<input type="text" value="0"/>
limp due to a knee disorder during the past	yes	<input type="text" value="1"/>
month?		

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32.A. Do you have continuous, noticeable sensations	no	<input type="text" value="0"/>
of pain or an ache in the lower limbs (limb)?	yes (to question 33)	<input type="text" value="1"/>

B. Do you have a chronic weakness of the muscles of the lower limbs or difficulty in walking?	no	<input type="text" value="0"/>
	yes, on one side only	<input type="text" value="1"/>
	yes, on both sides	<input type="text" value="2"/>

C. Do you have muscular atrophy in the lower limbs?	no	<input type="text" value="0"/>
	yes, on one side only	<input type="text" value="1"/>
	yes, on both sides	<input type="text" value="2"/>

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Questions on treatment and consequences

33. Have you seen a physician during the past year because of disorders of the back or joints?  How many times? (No = 00, continually = 88)	altogether (if 00, to question 34)	times <input type="text" value=""/> <input type="text" value=""/>
	mainly because of back trouble	times <input type="text" value=""/> <input type="text" value=""/>
	mainly because of neck, shoulder or shoulder joint disorders	times <input type="text" value=""/> <input type="text" value=""/>
	mainly because of dis- orders of limb joints or muscles	times <input type="text" value=""/> <input type="text" value=""/>

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34. Have you had surgery for the back or joints?	no	<input type="text" value="0"/>
	yes	<input type="text" value="1"/>

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35. Have you been unable to go to work or perform your daily tasks because of back or joint disorders during the past year?  Can you remember for how many days? (No = 000, continuous = 888)	altogether (if 000, interview ends)	days <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/>
	mainly because of back trouble	days <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/>
	mainly because of neck, shoulder or shoulder joint	days <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/>
	mainly because of dis- orders of limb joints or muscles	days <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/>

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