ACHES Screening and Consent Script

INTRODUCTION:
Hello, I'm ________________, calling on behalf of the Centers for Disease Control and Prevention. We are conducting a study to learn more about people with specific health conditions and how they vary by racial and ethnic characteristics.

QUAL1. Is this a business, a residence, a dormitory, or some other type of dwelling?

BUSINESS ...................................................... 1
RESIDENCE .................................................... 2
DORM ROOM .................................................... 3
OTHER ......................................................... 4
DK .............................................................. 8
RF .............................................................. 9

IF BUSINESS OR DORM ROOM: That's all I need to know. Goodbye. COMPUTER WILL CODE TELEPHONE NUMBER AS INELIGIBLE: BUSINESS OR INELIGIBLE: DORM ROOM.

IF DK OR RF, COMPUTER WILL CODE TELEPHONE NUMBER AS NONRESPONDENT: WORKING NUMBER: RESIDENTIAL STATUS UNKNOWN.

QUAL1a. That's all I need to know. Goodbye. RECORD OTHER TYPE OF DWELLING.

INSTITUTION .................................................... 1
VACATION RENTAL .......................................... 2
VACANT HOME ................................................ 3
OTHER ......................................................... 4
DK .............................................................. 8
RF .............................................................. 9

OTHER: _____________________________________________

COMPUTER WILL CODE TELEPHONE NUMBER AS INELIGIBLE: OTHER TYPE OF DWELLING.

QUAL2. Are you 18 years or older?

NO ............................................................ 0
YES ........................................................... 1
DK .............................................................. 8
RF .............................................................. 9

QUAL2a. May I please speak to a household member who is 18 years or older?

YES ........................................................... 1
NO ADULTS LIVE IN HOUSEHOLD ....................... 2
PERSON/PEOPLE NOT AVAILABLE NOW ............ 3
DK .............................................................. 8
RF .............................................................. 9

IF NO BECAUSE EVERY MEMBER OF HOUSEHOLD IS LESS THAN 18 YEARS OLD, Thank you. That's all I need to know. Goodbye. COMPUTER WILL FINALIZE PHONE NUMBER AS INELIGIBLE: NO ADULT IN HH.

IF NO BECAUSE ADULT UNAVAILABLE: When could I call back to reach (him/her/them)? Whom should I ask for when I call back? GO TO APPOINTMENT TAB AND RECORD FIRST NAME OF CONTACT(S) AND DATE AND TIME OF CALL BACK.

IF DK OR RF, COMPUTER WILL FINALIZE PHONE NUMBER AS NONRESPONDENT: UNKNOWN IF ADULT IN HH.

IF YES AND NEW PERSON COMES TO PHONE: Hello, I'm ________________, calling on behalf of the Centers for Disease Control and Prevention. We are conducting a study to learn more about people with specific health conditions and how they vary by racial and ethnic characteristics.

QUAL3. Are you a member of this household?

NO ............................................................ 0
YES ........................................................... 1
DK .............................................................. 8
RF .............................................................. 9

QUAL4. The survey we are conducting is for adults age 45 and older. Are you age 45 or older?

NO ............................................................ 0
YES ........................................................... 1
DK .............................................................. 8
RF .............................................................. 9

IF YES: I have some additional questions to see if you are among the populations that we are studying. GO TO DEMOGRAPHIC SCREENING.
QUAL4a. Is any adult living in this household age 45 or older?  

NO ........................................................................... 0  

YES ................................................................. 1  

(ASK QUAL4b) ............................................... 1  

DK ................................................................. 8  

RF ................................................................. 9  

IF NO: Thank you. Those are all the questions I have. COMPUTER WILL FINALIZE PHONE NUMBER AS INELIGIBLE: NO AGE-ELIGIBLE IN HH.  

IF DK OR RF, EXPLAIN WHY QUESTION IS ASKED AND ATTEMPT CONVERSION TO YES/NO RESPONSE. OTHERWISE, COMPUTER WILL CODE PHONE NUMBER AS NONRESPONDENT: HH WITH UNKNOWN AGE-ELIGIBLES.  

QUAL4b. May I please speak to (him/her/one of them)?  

NO ........................................................................... 0  

YES .......................................................................... 1  

UNABLE TO DO INTERVIEW .... (ASK QUAL4c) .... 2  

DK ................................................................. 8  

RF ................................................................. 9  

IF NO, PERSON UNAVAILABLE: When could I call back to reach (him/her/them)? Whom should I ask for when I call back? GO TO APPOINTMENT TAB AND RECORD FIRST NAME OF POSSIBLE RESPONDENT(S) AND DATE AND TIME OF CALL BACK.  

IF DK OR RF, EXPLAIN WHY QUESTION IS ASKED AND ATTEMPT CONVERSION TO YES/NO RESPONSE. OTHERWISE, COMPUTER WILL CODE PHONE NUMBER AS NONRESPONDENT: HH WITH UNKNOWN NUMBER OF AGE-ELIGIBLES.  

IF YES, WHEN NEW PERSON COMES TO PHONE: Hello, I'm ________________, calling on behalf of the Centers for Disease Control and Prevention. We are conducting a study to learn more about people with specific health conditions and how they vary by racial and ethnic characteristics. ASK QUAL4d.  

QUAL4c. Is there anyone else 45 years of age or older living in this household?  

NO ........................................................................... 0  

YES ................................................................. 1  

(ASK QUAL4b) ............................................... 1  

DK ................................................................. 8  

RF ................................................................. 9  

IF NO: Thank you. Those are all the questions I have. COMPUTER WILL FINALIZE PHONE NUMBER AS HH WITH ONE AGE-ELIGIBLE PERSON ONLY AND NOT COMPETENT TO DO INTERVIEW.  

IF DK OR RF, EXPLAIN WHY QUESTION IS ASKED AND ATTEMPT CONVERSION TO YES/NO RESPONSE. OTHERWISE, COMPUTER WILL CODE PHONE NUMBER AS NONRESPONDENT: HH WITH UNKNOWN NUMBER OF AGE-ELIGIBLES.  

QUAL4d. I understand that you are 45 years or older, is that correct?  

NO ............ (RETURN TO QUAL4a.) ............ 0  

YES ................................................................. 1  

(ASK QUAL4b) ............................................... 1  

DK ................................................................. 8  

RF ............ (RETURN TO QUAL4a.) ............ 9  

IF YES: I have some additional questions to see if you are among the populations that we are studying. GO TO DEMOGRAPHIC SCREENING.  

DEMOGRAPHIC SCREENING:  

DSCR1. What is your ethnic background? Is it (READ ANSWERS)?  

Hispanic or Latino, or ........................................... 1  

Not Hispanic or Latino .......................................... 2  

DK ............................................................................ 2  

RF ............................................................................ 9
DSCR2. Which one or more of the following would you say is your race? READ ANSWERS AND CODE ALL THAT APPLY.

Alaska Native or American Indian .......................... 1
Asian ..................................................................... 2
Black or African American ................................. 3
Native Hawaiian or Other Pacific Islander .......... 4
White .................................................................... 5
DK ........................................................................ 8
RF ......................................................................... 9

DSCR3. Are you male or female?

MALE ..................................................................... 1
FEMALE .................................................................. 2
RF ......................................................................... 9

DSCR4. What is your age?

AGE ....................................................................... [ ] [ ] [ ]
DK ........................................................................ 998
RF ......................................................................... 999

ELIGIBILITY TEST 1:
WHEN ALL RACES AND ETHNICITIES ARE BEING ENROLLED AT START OF STUDY, I also need to see if you have the health condition we are studying. GO TO ARTHRITIS SCREENING.

WHEN SCREENING FOR RACE AND ETHNICITY IS NEEDED LATER IN STUDY, REVIEW ANSWERS TO DSCR1 AND DSCR2.

IF RACE/ETHNICITY NEEDED FOR STUDY: I also need to see if you have the health condition we are studying. GO TO ARTHRITIS SCREENING.

IF RACE/ETHNICITY NOT NEEDED FOR STUDY: I'm sorry. You are not among the populations we are studying. COMPUTER WILL FINALIZE PERSON AS INELIGIBLE: NOT NEEDED FOR RACE/ETHNICITY.

IF SPEAKING TO FIRST RESPONDENT: GO TO QUAL5.

IF SPEAKING TO SECOND OR LATER RESPONDENT, AND THERE ARE NO OTHER ADULTS 45 OR OLDER ON ROSTER: Thank you for your time. Goodbye.

IF SPEAKING TO SECOND OR LATER RESPONDENT, AND THERE ARE OTHER ADULTS 45 OR OLDER ON ROSTER, GO TO QUAL5a.

ROSTER:

QUAL5. Are there any other adults age 45 or older in this household?

NO................................................................. 0
YES ............................................................ 1
DK ............................................................... 8
RF ............................................................... 9

IF NO: Thank you for your time. Goodbye. RECORD ZERO ADDITIONAL AGE ELIGIBLES AND COMPTUER WILL FINALIZE PHONE NUMBER AS RESPONDING HH: SIZE KNOWN.

IF DK OR RF: EXPLAIN WHY QUESTION IS ASKED AND ATTEMPT CONVERSION TO YES/NO RESPONSE. OTHERWISE, COMPUTER WILL CODE PHONE NUMBER AS UNKNOWN NUMBER OF ADDITIONAL AGE-ELIGIBLES.

IF YES: How many other adults in this household are age 45 or older? RECORD NUMBER AND COMPUTER WILL CODE PHONE NUMBER AS RESPONDING HH: SIZE KNOWN. Can I please have a first name or initial for each? RECORD FIRST NAME(S). ASK QUAL5a.

QUAL5a. May I please speak to (NEXT PERSON ON ROSTER)?

NO................................................................. 0
YES ............................................................ 1
DK ............................................................... 8
RF ............................................................... 9
IF NO, PERSON UNAVAILABLE: When could I call back to reach (him/her/them)? GO TO APPOINTMENT TAB AND RECORD DATE AND TIME OF CALL BACK

IF DK OR RF: EXPLAIN WHY QUESTION IS ASKED AND ATTEMPT CONVERSION TO YES/NO RESPONSE. OTHERWISE, COMPUTER WILL CODE PHONE NUMBER AS UNKNOWN NUMBER OF ADDITIONAL AGE-ELIGIBLES.

IF YES, WHEN NEW PERSON COMES TO PHONE: Hello, I’m ________________, calling on behalf of the Centers for Disease Control and Prevention. We are conducting a study to learn more about people with specific health conditions and how they vary by racial and ethnic characteristics.

QUAL5b. We have (just/recently) completed a brief survey with one member of the household and I understand that you are also 45 years or older, is this correct?

IF YES: I have some additional questions to see if you are among the populations that we are studying. GO TO DEMOGRAPHIC SCREENING

IF NO, DK, RF AND THERE ARE NO OTHER ADULTS 45 OR OLDER ON ROSTER: Thank you for your time. Goodbye.

IF NO, DK, RF AND THERE ARE OTHER ADULTS 45 OR OLDER ON ROSTER, GO BACK TO QUAL5a.

ARTHRITIS SCREENING:

ASCR1. The next questions refer to your joints. Please do not include the back or neck. During the past 30 days, have you had any symptoms of pain, aching, or stiffness in or around a joint?

ASCR2. Did your joint symptoms first begin more than 3 months ago?

ASCR3. Were these symptoms present on most days for at least one month?

ASCR4. Have you ever been told by a doctor or other health professional that you have some form of arthritis, rheumatoid arthritis, gout, lupus, or fibromyalgia?
ASCR5.  What type of arthritis did the doctor or other health professional say you have?

SPECIFY OTHER: ________________________________

OSTEOARTHRITIS/DEGENERATIVE ARTHRITIS ................................................................. 1
RHEUMATOID ARTHRITIS ........................................................................... 2
GOUT .............................................................................................................. 3
LUPUS/SYSTEMIC LUPUS ERYTHEMATOSUS ........................................ 4
FIBROMYALGIA ...................................................................................... 5
ANKYLOSING SPONDYLITIS ........................................................................... 7
ARTHRITIS WITH INFECTION ......................................................................... 8
ARTERITIS ....................................................................................................... 9
ARTHRITIS WITH INFECTION ........................................................................ 10
BEHÇET'S SYNDROME ........................................................................... 11
BUNION ........................................................................................................ 12
BURSITIS ...................................................................................................... 13
CARPAL TUNNEL SYNDROME ........................................................................ 14
CEREBRAL ARTERITIS ............................................................................... 15
DERMATOMYOSITIS .................................................................................. 16
(DIFFUSE) CONNECTIVE TISSUE DISEASE ............................................... 17
FELTY'S SYNDROME .................................................................................. 18
GIANT CELL ARTERITIS ............................................................................... 19
HENOCHE-SCHÖNLEIN PURPURA ............................................................... 20
HYPERSENSITIVITY ANGIITIS ...................................................................... 21
JUVENILE RHEUMATOID ARTHRITIS ............................................................... 22
MIXED CONNECTIVE TISSUE DISEASE ......................................................... 23
MYOSITIS ...................................................................................................... 24
POLYARTERITIS NODOSA ............................................................................ 25
POLYMIALGIA RHEUMATICA ...................................................................... 26
POLYMYOSITIS ............................................................................................ 27
PSORIATIC ARTHROPATHY ........................................................................ 28
PYOGENIC ARTHRITIS ................................................................................. 29
RAYSNAUD'S SYNDROME ........................................................................... 30
REITER'S DISEASE ...................................................................................... 31
RHEUMATISM .................................................................................................. 32
ROTATOR CUFF SYNDROME .................................................................... 33
SCLERODERMA ............................................................................................ 34
SPONDYLOSIS - CERVICAL, THORACIC OR LUMBAR .................................. 35
SYNOVITIS .................................................................................................. 36
SYSTEMIC SCLEROSIS ............................................................................. 37
TAKAYASU'S DISEASE .................................................................................. 38
TARSAL TUNNEL SYNDROME ...................................................................... 39
TENDONITIS .................................................................................................. 40
TENNIS ELBOW ............................................................................................ 41
TENOSYNOVITIS ........................................................................................... 42
VASCULITIS .................................................................................................... 43
WEGENER'S GRANULOMATOSIS ................................................................. 44
OTHER ......................................................................................................... 6
N/A (SKIP) ................................................................................................... 97
DK/NOT SURE .............................................................................................. 98
RF ................................................................................................................ 99

ELIGIBILITY TEST2:

IF EITHER (OR BOTH) ASCR2 =1 OR ASCR4 =1: PERSON HAS ARTHRITIS, CONTINUE WITH CONSENT.

IF NEITHER ASCR2 =1 NOR ASCR4 =1: I'm sorry. You do not have the health condition we are studying. COMPUTER WILL FINALIZE PERSON AS INELIGIBLE: NO ARTHRITIS.

IF SPEAKING TO FIRST RESPONDENT, GO BACK TO QUAL5

IF SPEAKING TO SECOND OR LATER RESPONDENT, AND THERE ARE NO OTHER ADULTS 45 OR OLDER ON ROSTER: Thank you for your time. Goodbye.

IF SPEAKING TO SECOND OR LATER RESPONDENT, AND THERE ARE OTHER ADULTS 45 OR OLDER ON ROSTER, GO BACK TO QUAL5a.
CONSENT:

This is a survey about arthritis and joint symptoms and how they affect peoples’ lives. The questions take about 20 minutes. To thank you for your time and effort, we will send you 100 free minutes of long distance phone service. Your answering our questions will give us the information we need to help people with arthritis or joint symptoms.

The information you give us will be treated in a confidential manner. Taking part in this survey is voluntary. You don’t have to answer any question you don’t want to and you may end the call at any time. If you have any questions about this study or your rights, I can give you a toll free number to call.

IF RESPONDENT REQUESTS NUMBERS, READ: For questions about your rights in taking part in this study, please call CDC at 1-800-584-8814 and leave a brief message with your name and phone number. Please say you are calling about CDC Protocol #4327. Someone will call you back. For other questions, please call Ms. XXXXXX at our toll free number 1-XXX-XXX-XXXX.

My supervisor may listen in for quality control purposes. I’d like to continue now.

CONS1. Is that okay with you?  

<table>
<thead>
<tr>
<th>Option</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>NO</td>
<td>0</td>
</tr>
<tr>
<td>YES</td>
<td>1</td>
</tr>
<tr>
<td>DK</td>
<td>8</td>
</tr>
<tr>
<td>RF</td>
<td>9</td>
</tr>
</tbody>
</table>

IF YES, CONTINUE WITH GF1.

IF NO, DK, OR RF: When would be a good time to call back? Who should I ask for when I call back? GO TO APPOINTMENT TAB AND RECORD FIRST NAME OF RESPONDENT AND DATE AND TIME OF CALL BACK.

WHEN RESPONDENT COMPLETES SURVEY OR REFUSES TO COMPLETE SURVEY:

- IF SPEAKING TO FIRST RESPONDENT, GO BACK TO QUAL5.

- IF SPEAKING TO SECOND OR LATER RESPONDENT, AND THERE ARE NO OTHER ADULTS 45 OR OLDER ON ROSTER: Thank you for your time. Goodbye.

- IF SPEAKING TO SECOND OR LATER RESPONDENT, AND THERE ARE OTHER ADULTS 45 OR OLDER ON ROSTER, GO BACK TO QUAL5a.
ARTHRITIS CONDITIONS HEALTH EFFECTS SURVEY (ACHES)

SPECIFICATIONS

Prepared for:
Centers for Disease Control and Prevention
Arthritis Program

April 2005
SECTION 1: GENERAL FUNCTION

I would like to start with some general background questions.

GF1. In general, would you say that your health is (READ ANSWERS)?

Excellent ................................................................. 1
Very good ............................................................... 2
Good ......................................................................... 3
Fair ........................................................................... 4
Poor .......................................................................... 5
DK .............................................................. 8
RF .............................................................. 9

The question only refers to the Respondent’s health in GENERAL. Be sure to read all answer choices before accepting an answer.

GF2. Are you now limited in any way in any of your usual activities because of arthritis or joint symptoms?

NO ................................................................................. 0
YES .............................................................................. 1
DK .............................................................................. 8
RF .............................................................................. 9

This question is only about the limitation R has now and only because of arthritis or joint symptoms. In this and the following question, if R asks what we mean by “usual” you should respond with “Whatever you think usual is”. If R asks whether this is when on medication or not, respond with “Please answer based on how you are when you are taking any of the medications or treatments you might use.”

GF3. How satisfied are you with your current ability to do your usual activities? Are you (READ ANSWERS)?

Very satisfied ................................................................. 1
Somewhat satisfied ........................................................ 2
Neither satisfied nor dissatisfied ....................................... 3
Somewhat dissatisfied .................................................... 4
Very dissatisfied ............................................................ 5
DK .............................................................. 8
RF .............................................................. 9

We want to know how R feels about his/her ability to do usual activities. Again, be sure to read all answer choices before accepting an answer.

SECTION 2: SYMPTOMS

Next we want to ask about your symptoms.

SX1. Over the past 7 days, how many days have you had pain or aching from arthritis or joint symptoms?

NUMBER OF DAYS .................................................
DK ........................................................................... 8
RF ........................................................................... 98

While the first set of questions had no defined timeframe, the questions in this section only refer to the past 7 days.

The first answer should be a number between 0 and 7.
The next three questions use a 0 to 10 point scale. ROUND OFF VALUES; 0.5 ROUND UP.

**SX2.** On a scale of 0 to 10 where 0 is no pain or aching and 10 is pain or aching as bad as it could be, over the past 7 days, on average how bad was your joint pain or aching?

**SX3.** On a scale of 0 to 10, where 0 is no joint stiffness and 10 is joint stiffness as bad as it could be, over the past 7 days, on average how much joint stiffness have you had?

**SX4.** On a scale of 0 to 10, where 0 is no fatigue and 10 is fatigue as bad as it could be, over the past 7 days, on average how much fatigue have you had because of your arthritis or joint symptoms?

**SX5.** Have you taken any prescription or non-prescription medication for these joint symptoms in the past 7 days?

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**SECTION 3: PHYSICAL FUNCTIONING SCALE (SF36 V2)**

Now I am going to read a list of activities you might do during a typical day. As I read each item please tell me if your health now limits you a lot, limits you a little, or does not limit you at all in these activities.

**SF1.** First vigorous activities such as running, lifting heavy objects, participating in strenuous sports? Does your health now limit you a lot, limit you a little, or not limit you at all?

**SF2.** Moderate activities such as moving a table, pushing a vacuum cleaner, bowling, or playing golf? Does your health now limit you a lot, limit you a little, or not limit you at all?
SF3. Lifting or carrying groceries? (Does your health now limit you a lot, limit you a little, or not limit you at all?)

- A LOT ................................................................. 1
- A LITTLE ............................................................. 2
- NOT AT ALL ...................................................... 3
- DK ................................................................. 8
- RF ................................................................. 9

After the first two times of reading all of the answer choices before accepting an answer, if R understands the scale you do not have to repeat the answers for the later questions. However, you should read the answers anytime R needs them.

SF4. Climbing several flights of stairs? (Does your health now limit you a lot, limit you a little, or not limit you at all?)

- A LOT ................................................................. 1
- A LITTLE ............................................................. 2
- NOT AT ALL ...................................................... 3
- DK ................................................................. 8
- RF ................................................................. 9

SF5. Climbing one flight of stairs? (Does your health now limit you a lot, limit you a little, or not limit you at all?)

- A LOT ................................................................. 1
- A LITTLE ............................................................. 2
- NOT AT ALL ...................................................... 3
- DK ................................................................. 8
- RF ................................................................. 9

SF6. Bending, kneeling, or stooping? (Does your health now limit you a lot, limit you a little, or not limit you at all?)

- A LOT ................................................................. 1
- A LITTLE ............................................................. 2
- NOT AT ALL ...................................................... 3
- DK ................................................................. 8
- RF ................................................................. 9

SF7. Walking more than a mile? (Does your health now limit you a lot, limit you a little, or not limit you at all?)

- A LOT ................................................................. 1
- A LITTLE ............................................................. 2
- NOT AT ALL ...................................................... 3
- DK ................................................................. 8
- RF ................................................................. 9

SF8. Walking several hundred yards? (Does your health now limit you a lot, limit you a little, or not limit you at all?)

- A LOT ................................................................. 1
- A LITTLE ............................................................. 2
- NOT AT ALL ...................................................... 3
- DK ................................................................. 8
- RF ................................................................. 9

If R asks how far is several hundred yards, you should say “the length of approximately 3 to 4 football fields”.

SF9. Walking one hundred yards? (Does your health now limit you a lot, limit you a little, or not limit you at all?)

- A LOT ................................................................. 1
- A LITTLE ............................................................. 2
- NOT AT ALL ...................................................... 3
- DK ................................................................. 8
- RF ................................................................. 9

100 yards is the length of one football field.

SF10. Bathing or dressing yourself? (Does your health now limit you a lot, limit you a little, or not limit you at all?)

- A LOT ................................................................. 1
- A LITTLE ............................................................. 2
- NOT AT ALL ...................................................... 3
- DK ................................................................. 8
- RF ................................................................. 9
SECTION 4: WORK EFFECTS

WK1. Are you currently (READ ANSWERS)? IF RESPONDENT OFFERS MORE THAN ONE CATEGORY, ASK: What best describes your situation? CODE ONLY ONE.

- Employed for pay ......................................................... (SKIP TO WK2) .............. 1
- Self-employed .............................................................. (SKIP TO WK2) .............. 2
- Out of work ................................................................. 3
- A homemaker .............................................................. (SKIP TO WK2) .............. 5
- Student ......................................................................... (SKIP TO WK2) .............. 6
- Retired, or ................................................................. (SKIP TO WK2) .............. 7
- Unable to work or disabled ........................................... (SKIP TO WK2) .............. 8
- DK ................................................................. (SKIP TO WK2) .............. 9
- RF ................................................................. 9

Read the first part of the question along with all of the answers. This question is NOT a code all that applies. If R gives you more than one answer, use the probe provided to get a single answer that best represents R’s current situation.

With the exception of “Out of Work” you will skip to WK2.

(WK1A.) Have you been out of work for more than 1 year or less than 1 year?

- MORE ..................................................................................... 1
- LESS ...................................................................................... 2
- DK .......................................................................................... 8
- RF .......................................................................................... 9

The only time this question is read is when R has told you they are out of work.

PROGRAMMER NOTE: IF LESS THAN 1 YEAR, CODE WK1 = 4.

WK2. Do arthritis or joint symptoms now affect whether you work for pay or not?

- NO .......................................................................................... 0
- YES ........................................................................................ 1
- DK .......................................................................................... 8
- RF .......................................................................................... 9

Everyone will be asked this question. It refers to how arthritis or joint symptoms affect whether R works for pay or not. If R answers that he/she does not work for pay, repeat the question emphasizing the first part.

IF WK1 = 1 OR 2 (EMPLOYED OR SELF EMPLOYED), ASK WK3 THRU WK5. OTHERWISE, SKIP TO WK6.

WK3. Do arthritis or joint symptoms affect the type of work you do?

- NO .......................................................................................... 0
- YES ........................................................................................ 1
- N/A (SKIP) .............................................................................. 7
- DK .......................................................................................... 8
- RF .......................................................................................... 9

WK3, WK4 and WK5 are only asked of Rs who are employed for pay or self-employed. They again focus on how arthritis or joint symptoms affect aspects of R’s employment.

WK4. Do arthritis or joint symptoms affect the amount of work you do?

- NO .......................................................................................... 0
- YES ........................................................................................ 1
- N/A (SKIP) .............................................................................. 7
- DK .......................................................................................... 8
- RF .......................................................................................... 9
WK5. In the past 30 days, how many days of work did you miss because of arthritis or joint symptoms?

<table>
<thead>
<tr>
<th>NUMBER OF DAYS</th>
</tr>
</thead>
<tbody>
<tr>
<td>N/A (SKIP)</td>
</tr>
<tr>
<td>DK</td>
</tr>
<tr>
<td>RF</td>
</tr>
</tbody>
</table>

This question refers to the past 30 days only. The answer should be a number between 0 and 30.

IF WK1 = 1 OR 98 OR 99 (EMPLOYED, DK, OR RF), SKIP TO WK7.

WK6. Is your arthritis or joint symptoms the main reason you are (EMPLOYMENT STATUS)?

| NO   | 0 |
| YES  | 1 |
| N/A (SKIP) | 7 |
| DK   | 8 |
| RF   | 9 |

This question will only be asked of Rs who reported an employment status other than employed for pay. The CATI will display the correct words to read based on the answer to WK1.

PROGRAMMER NOTE: IF WK2 = 2, EMPLOYMENT STATUS = SELF-EMPLOYED.
IF WK2 = 3 OR 4, STATUS = OUT OF WORK.
IF WK1 = 5, STATUS = A HOMEMAKER AND NOT WORKING FOR PAY.
IF WK1 = 6, STATUS = A STUDENT AND NOT WORKING FOR PAY.
IF WK1 = 7, STATUS = RETIRED.
IF WK1 = 8, STATUS = UNABLE TO WORK OR DISABLED.

These next questions refer to volunteer work, that is work outside your home for which you are not paid.

WK7. Do you currently do volunteer work?

| NO | 0 |
| YES | (SKIP TO WK9) | 1 |
| DK | (SKIP TO NEXT SECTION) | 8 |
| RF | (SKIP TO NEXT SECTION) | 9 |

All Rs will be asked about volunteer work, defined in the intro statement as work outside of the home for which R is not paid. The answer will determine which follow-up question is asked to determine the affect arthritis and joint symptoms have on volunteer work.

WK8. Is arthritis or joint symptoms the main reason you do not do volunteer work?

| NO | 0 |
| YES | 1 |
| N/A (SKIP) | 7 |
| DK | 8 |
| RF | 9 |

SKIP TO NEXT SECTION.

WK9. Do arthritis or joint symptoms affect the amount or type of volunteer work you do?

| NO | 0 |
| YES | 1 |
| N/A (SKIP) | 7 |
| DK | 8 |
| RF | 9 |
SECTION 5: INTERFERENCE

The next questions refer to how arthritis or joint symptoms may affect your life. During the past 7 days, how much did your arthritis or joint symptoms interfere with the following activities?

INT1. Getting a good night’s sleep? Did arthritis or joint symptoms interfere a lot, a little, or not at all in the past 7 days?

A LOT ................................................................. 1
A LITTLE ............................................................ 2
NOT AT ALL ....................................................... 3
DK ................................................................. 8
RF ............................................................... 9

The questions in this section focus on how arthritis and joint symptoms may interfere with R’s daily activities. The first four questions ask about the past 7 days. When you read these, please be certain R is focused on the past 7 days. You can leave off reading the answer choices once R becomes familiar with the scale.

INT2. Recreation, leisure, or hobbies? Did arthritis or joint symptoms interfere a lot, a little, or not at all in the past 7 days?

INT3. Household chores? (Did arthritis or joint symptoms interfere a lot, a little, or not at all in the past 7 days?)

INT4. Errands or shopping? (Did arthritis or joint symptoms interfere a lot, a little, or not at all in the past 7 days?)

INT5. During the past 30 days, to what extent did your arthritis or joint symptoms interfere with your normal social activities with family, friends, neighbors, or groups? A lot, a little, or not at all?

The final question shifts to asking about the past 30 days. Be sure that you emphasize this new timeframe.
SECTION 6: ATTITUDES

Next I will read 5 statements and ask you to tell me if you strongly agree, agree, are neutral, disagree, or strongly disagree with each.

ATT1. There is nothing a person with arthritis or joint symptoms can do to make their arthritis better. Do you (READ ANSWERS)?

ATT2. It is important for someone with arthritis or joint symptoms to see a doctor for diagnosis and treatment. Do you (READ ANSWERS)?

ATT3. It is important for someone with arthritis or joint symptoms to get moderate physical activity three or more days of the week. (Do you [READ ANSWERS])?

ATT4. It is important for someone with arthritis or joint symptoms to stay at a normal body weight or lose excess weight. (Do you [READ ANSWERS])?

ATT5. It is important for someone with arthritis or joint symptoms to participate in a course or class to learn how to manage their condition. (Do you [READ ANSWERS])?
SECTION 7: CONFIDENCE

The next 4 questions are about confidence. They are answered using a 10 point scale where 0 is not at all confident and 10 is as confident as you can be.

CON1. How confident are you that you can manage your arthritis or joint symptoms? (Using a 10 point scale where 0 is not at all confident and 10 is as confident as you can be.)

RATE 0 -10 ......................................................... 98
DK ................................................................. 98
RF ................................................................. 99

The four questions in this section all use a 0 to 10 point scale with the same anchor terminology. You do not need to read the scale details with each question if R responds with a whole number between 0 and 10. Use the same rounding rules as before.

CON2. How confident are you that taking a course or class would help you manage your arthritis or joint symptoms? (Using a 10 point scale where 0 is not at all confident and 10 is as confident as you can be.)

RATE 0 -10 ......................................................... 98
DK ................................................................. 98
RF ................................................................. 99

Assuming that you want to, how confident are you that you can do each of the following things for at least 3 months starting within the next 7 days.

CON3. How confident are you that you can get moderate physical activity three or more days of the week? (Using a 10 point scale where 0 is not at all confident and 10 is as confident as you can be.)

RATE 0 -10 ......................................................... 98
DK ................................................................. 98
RF ................................................................. 99

The last two questions ask about R’s confidence is sustaining activities that would start within the next 7 days (or continue if R already does them).

CON4. How confident are you that you can stay at a normal body weight or lose excess weight? (Using a 10 point scale where 0 is not at all confident and 10 is as confident as you can be.)

RATE 0 -10 ......................................................... 98
DK ................................................................. 98
RF ................................................................. 99

SECTION 8: SELF MANAGEMENT

SM1. Have you ever contacted the Arthritis Foundation?

NO................................................................. 0
YES .............................................................. 1
DK ............................................................... 8
RF ............................................................... 9

SM2. Have you ever taken a course or class to teach you how to manage problems related to your arthritis or joint symptoms?

NO................................................................. 0
YES .............................................................. 1
DK ............................................................... 8
RF ............................................................... 9

SM3. Are you trying to lose weight?

NO................................................................. 0
YES .............................................................. 1
DK ............................................................... 8
RF ............................................................... 9
SM4. Do you take glucosamine for your arthritis or joint symptoms?

If R is taking this drug, he/she will immediately tell you yes. This medication can be purchased over the counter and can be beneficial in the easement of arthritis pain. It is pronounced as glue-coe-sa-meen. If R asks you if this is something he/she should be using, tell R to discuss it with his/her regular health care provider. Note that chondroitin (kon-drow-tin) is **not** the same as glucosamine.

**SECTION 9: STAGE OF CHANGE FOR PHYSICAL ACTIVITY**

Physical activity or exercise includes activities such as walking briskly, jogging, bicycling, swimming, or any other activity in which exertion is at least as intense as these activities.

### SOC1. Are you currently physically active?

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>NO</td>
<td>0</td>
</tr>
<tr>
<td>YES</td>
<td>1</td>
</tr>
<tr>
<td>DK</td>
<td>8</td>
</tr>
<tr>
<td>RF</td>
<td>9</td>
</tr>
</tbody>
</table>

_This is the first of two sections that focus on physical activity. While the intro statements that you will read provide examples of activities with varying levels of intensity, these are only examples. Any activity that R considers similar is fine to include._

### SOC2. Do you intend to become more physically active in the next 6 months?

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>NO</td>
<td>0</td>
</tr>
<tr>
<td>YES</td>
<td>1</td>
</tr>
<tr>
<td>DK</td>
<td>8</td>
</tr>
<tr>
<td>RF</td>
<td>9</td>
</tr>
</tbody>
</table>

For activity to be **regular**, it must add up to a total of 30 minutes or more per day and be done at least 3 days per week. For example, you could take one 30-minute walk or take three 10-minute walks for a daily total of 30 minutes.

### SOC3. Do you currently engage in **regular** physical activity?

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>NO</td>
<td>0</td>
</tr>
<tr>
<td>YES</td>
<td>1</td>
</tr>
<tr>
<td>DK</td>
<td>8</td>
</tr>
<tr>
<td>RF</td>
<td>9</td>
</tr>
</tbody>
</table>

SOC3 and SOC4 refer to **regular** activity. The intro defines what is meant by regular and you can repeat this definition if needed. Note that regular has two parts – 30 minutes or more per day **AND** at least 3 days a week.

### SOC4. Have you been **regularly** physically active for the last 6 months?

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>NO</td>
<td>0</td>
</tr>
<tr>
<td>YES</td>
<td>1</td>
</tr>
<tr>
<td>DK</td>
<td>8</td>
</tr>
<tr>
<td>RF</td>
<td>9</td>
</tr>
</tbody>
</table>
SECTION 10: PHYSICAL ACTIVITY

We want a little more information about your physical activity. We are interested in two types of physical activity: vigorous and moderate. Vigorous activities cause large increases in breathing or heart rate while moderate activities cause small increases in breathing or heart rate.

PA1. Now, thinking about the moderate physical activities you do (when you are not working) in a usual week, do you do moderate activities for at least 10 minutes at a time, such as brisk walking, bicycling, vacuuming, gardening, or anything else that causes small increases in breathing or heart rate?

<table>
<thead>
<tr>
<th>Response</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>NO</td>
<td>0</td>
</tr>
<tr>
<td>YES</td>
<td>1</td>
</tr>
<tr>
<td>DK</td>
<td>8</td>
</tr>
<tr>
<td>RF</td>
<td>9</td>
</tr>
</tbody>
</table>

The questions in this section first refer to moderate physical activity and then are repeated for vigorous physical activities. It is important that you stress the difference when reading each question. You can repeat the definition between moderate and vigorous as presented in the intro if needed, especially for a respondent who is older and could get easily confused. Each question also references a different time period, so you will need to emphasize that as well.

The CATI will add the words “when you are not working” for an R who indicated that he/she is employed for pay or is self-employed.

PROGRAMMER NOTE: ADD WORDS IN PARENS WHEN WK1 = 1 OR 2.

PA2. How many days per week do you do these moderate activities for at least 10 minutes at a time?

<table>
<thead>
<tr>
<th>Number of Days</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>N/A</td>
<td>97</td>
</tr>
<tr>
<td>DK</td>
<td>98</td>
</tr>
<tr>
<td>RF</td>
<td>99</td>
</tr>
</tbody>
</table>

Total time per day will be recorded as the number of hours and/or minutes that R reports. You will have to convert an answer of 120 minutes to 2 hours. You will first type the number of hours from 0 to 24, then type a decimal point (period), and then type the number of minutes from 0 to 59. If you type a number and hit enter, it will be recorded as that many hours with zero minutes. For minutes less than 10 you must enter the lead zero after the decimal. To prevent typos, time greater than 5 hours will generate a confirmation message.

PA3. On days when you do moderate activities for at least 10 minutes at a time, how much total time per day do you spend doing these activities?

<table>
<thead>
<tr>
<th>Total Time Per Day</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>N/A (SKIP)</td>
<td>99:97</td>
</tr>
<tr>
<td>DK</td>
<td>99:98</td>
</tr>
<tr>
<td>RF</td>
<td>99:99</td>
</tr>
</tbody>
</table>

PA4. Now, thinking about the vigorous physical activities you do (when you are not working) in a usual week, do you do vigorous activities for at least 10 minutes at a time, such as running, aerobics, heavy yard work, or anything else that causes large increases in breathing or heart rate?

<table>
<thead>
<tr>
<th>Response</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>NO</td>
<td>0</td>
</tr>
<tr>
<td>YES</td>
<td>1</td>
</tr>
<tr>
<td>DK</td>
<td>8</td>
</tr>
<tr>
<td>RF</td>
<td>9</td>
</tr>
</tbody>
</table>

PROGRAMMER NOTE: ADD WORDS IN PARENS WHEN WK1 = 1 OR 2.

PA5. How many days per week do you do these vigorous activities for at least 10 minutes at a time?

<table>
<thead>
<tr>
<th>Number of Days</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>N/A</td>
<td>97</td>
</tr>
<tr>
<td>DK</td>
<td>98</td>
</tr>
<tr>
<td>RF</td>
<td>99</td>
</tr>
</tbody>
</table>
PA6. On days when you do **vigorous** activities for at least 10 minutes at a time, how much total time **per day** do you spend doing these activities?

TOTAL TIME PER DAY ................................ [ ] [ ] [ ] HRS [ ] MINS
N/A (SKIP) ................................................................. 99:97
DK .............................................................................. 99:98
RF .............................................................................. 99:99

PA7. Do you intentionally add physical activity on top of what is required for your daily tasks?

NO ................................................................................. 0
YES .............................................................................. 1
DK .............................................................................. 8
RF .............................................................................. 9

**SECTION 11: ARTHRITIS**

**IF ASCR1 = 0 (NO), 8 (DK), OR 9 (RF), SKIP TO NEXT SECTION.**

Earlier you indicated that you had pain, aching, or stiffness in or around a joint.

ARTH1. Please tell me which joints are affected. **DO NOT READ. CODE ALL THAT APPLY. PROBE: Anything else?**

ARTH1S. SHOULDER .............................................. 01
ARTH1E. ELBOW .............................................. 02
ARTH1W. WRIST .............................................. 03
ARTH1F. FINGER/THUMB .................................. 04
ARTH1N. NECK ............................................... 05
ARTH1B. BACK .............................................. 06
ARTH1H. HIP .................................................. 07
ARTH1K. KNEE ............................................... 08
ARTH1A. ANKLE ............................................. 09
ARTH1T. TOES .................................................. 10
ARTH1O. OTHER JOINT ............ (SPECIFY) .......... 11

ARTH1OS. SPECIFY: ........................................... [ ]
N/A (SKIP) ................................................................. 97
DK .............................................................................. 98
RF .............................................................................. 99

*If R screened into the study by reporting no recent joint pain but having doctor-diagnosed arthritis, he/she will not be asked these questions.*

Many different joints can be affected by arthritis or can feel pain. We want to record all joints that R reports having pain or stiffness. The list of joints should **NOT BE read aloud. This is a code all that apply question, so give R time to think about his/her response. You may need to re-read the question. Once R is finished answering, you should ask “Anything else?” to be sure and get all affected joints recorded. If R answers so quickly that you don’t have time to code the answer correctly, ask R to repeat the answer. If R reports a body part that is not a joint, re-read the question. If R names a joint not on the list, use “Other” to specify the joint by recording the answer verbatim.

**PROGRAMMER NOTE: RECODE INTO 11 VARIABLES AS INDICATED WHERE 1 = YES, 2 = NOT MENTIONED.**
ARTH2. How many months or years ago did those joint symptoms first begin?

<table>
<thead>
<tr>
<th>FIRST BEGAN</th>
<th>MONTHS</th>
<th>YEARS</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>N/A (SKIP)</td>
<td>997</td>
<td></td>
</tr>
<tr>
<td>DK</td>
<td>998</td>
<td></td>
</tr>
<tr>
<td>RF</td>
<td>999</td>
<td></td>
</tr>
</tbody>
</table>

*R can answer in either months or years, so first record the number and then record the code for months or years. If R answers in both months and years, convert answer to months. For example: 2 ½ years = 30 months, a year and 3 months = 15 months. To prevent typos, if the number of years is greater than 20 or the number of months is greater than 240, a confirmation message will be generated.*

ARTH3. Have you ever seen a doctor or other health professional for these joint symptoms?

| NO | 0 |
| YES (SKIP TO ARTH5) | 1 |
| N/A (SKIP) | 7 |
| DK (SKIP TO NEXT SECTION) | 8 |
| RF (SKIP TO NEXT SECTION) | 9 |

*This question differs from the question in screening which asked if a doctor had ever diagnosed arthritis. This question is asking whether R ever asked any health professional about his/her joint pain or stiffness. The answer to this question will determine the next question asked. Other health professionals include nurses, physician assistants, chiropractors, etc.*

ARTH4. Why didn’t you see a doctor or other health professional about your joint symptoms? RECORD VERBATIM.

| GAVE ANSWER | 1 |
| N/A (SKIP) | 7 |
| DK (SKIP TO NEXT SECTION) | 8 |
| RF (SKIP TO NEXT SECTION) | 9 |

*ARTH4 and ARTH5 are open-ended questions. You are the only person who is collecting this data so it is very important that you hear everything and record it verbatim. If R is going too fast, ask him/her to slow down, explaining that you are entering this information into the computer and because his/her answers are very important to us you want to be sure to enter it correctly.*
SECTION 12: CLINICAL CARE

CC1. Are you currently being treated by a doctor or other health professional for arthritis or joint symptoms?

The key word in this question is CURRENTLY. If the respondent tells you they went to someone last year, you should re-read the question to them. R can be receiving treatment from a doctor for joint pain without a diagnosis of arthritis.

If R is being treated, you will ask some questions about this treatment.

CC2. On a 10 point scale of attention, where 0 is no attention and 10 is full attention, how much attention does your doctor or other health professional pay to your arthritis or joint symptoms?

CC3. How satisfied are you with the attention your doctor or other health professional pays to your arthritis or joint symptoms? Are you (READ ANSWERS)?

CC4. Has a doctor or other health professional ever suggested losing weight to help your arthritis or joint symptoms?

CC4, CC5 and CC6 ask about three different suggestions that a doctor may have made. These questions are asked of all Rs, even those not receiving current treatment. The intros to CC5 and CC6 are optional if R does not need the words to understand the question.

CC5. (Has a doctor or other health professional ever suggested) physical activity or exercise to help your arthritis or joint symptoms?

This question refers to suggesting an increase in physical activity, not a decrease.

CC6. (Has a doctor or other health professional ever suggested) taking a course or class to teach you how to manage problems related to your arthritis or joint symptoms?
SECTION 13: DEMOGRAPHICS

DEM1. What was the highest grade or year of school you completed?

NEVER ATTENDED SCHOOL OR ONLY ATTENDED KINDERGARTEN............................................1
GRADERS 1 – 8 (ELEMENTARY) ..................................................2
GRADERS 9-11 (SOME HIGH SCHOOL).....................................3
GRADE 12 OR GED (HIGH SCHOOL GRADUATE).................4
COLLEGE 1 YR TO 3 YRS (SOME COLLEGE OR TECHNICAL SCHOOL).......................................5
COLLEGE 4 YRS OR MORE (COLLEGE GRADUATE) ..........6
DK ..........................................................................................8
RF ..........................................................................................9

You can read the answer choices if R’s answer does not fit easily into one that is listed.

DEM2. About how much do you weigh without shoes? ROUND OFF ½ OR MORE UP.

WEIGHT .............................................................................. LBS.
DK ..........................................................................................998
RF ..........................................................................................999

Record weight in pounds. If you get an answer that is in pounds and ounces or in fractions of pounds, round to the closest whole number of pounds. Values of one-half pound (8 ounces) get rounded up. To prevent typos, weights over 400 pounds will generate a confirmation message. Use 950 to record weights of 950 or more.

DEM3. How tall are you without shoes? ROUND OFF ½ OR MORE UP.

HEIGHT .............................................................................. FEET INCHES
DK .....................................................................................9.98
RF .....................................................................................9.99

Record height in feet and inches. If you get an answer that is in fractions of inches, round to the closest inch. Values of one-half inch get rounded up. You will first type the number of feet, then type a decimal point (period), and then type the number of inches. If you type a number and hit enter, it will be recorded as that many feet with zero inches. For inches less than 10 you must enter the lead zero after the decimal. To prevent typos, heights over 6 feet 11 inches will generate a confirmation message.

DEM4. Does more than one telephone number ring in this residence? Do not include cell phones or telephone lines that are only answered by a computer or other machine.

NO..........................(SKIP TO NEXT SECTION)............................0
YES ......................................................................................1
DK .....................................................................................8
RF .....................................................................................9

In order to correctly weight the chances that this home was called by our survey, we need to know how many different phone lines (different telephone numbers) might have been generated and used to call into this home. So we do NOT count cell phones (since those exchanges were not included in our sample) and we do NOT include fax or computer lines (if no person would ever answer on that line). A voice line that rings and is answered, but that can then be attached to a fax machine, IS included. We also DO include children’s lines, an unlisted personal line, etc.

NOTE: DEM4 and DEM5 will only be asked of the 1st respondent in a household.
DEM5. Including the number I just dialed, how many different numbers ring in this home?

# OF PHONE NUMBERS ................................................... 
N/A (SKIP) .............................................................................. 7
DK .......................................................................................... 8
RF .......................................................................................... 9

If R reports having more than one line that rings in the home (remember this is different lines, not the number of telephone extensions for one number), then we will ask for the total number of lines, including the one on which we called in. So DEM5 must be at least 2.

IF DEM5 <4 OR = 98 OR 99, SKIP TO NEXT SECTION.

A. Are these (DEM5) lines actually different phone numbers? We are not counting multiple phones for the same telephone number.

NO...................(RETURN TO DEM5) ................... 0
YES ........................................................................................ 1
N/A (SKIP) .............................................................................. 7
DK...................(RETURN TO DEM5) ................... 8
RF...................(RETURN TO DEM5) ................... 9

If R reports an unusually large number of phone lines in the home, you will ask another question to clarify that R was not counting phones but was really counting different lines. If R was confused, CATI will take you back so that you can record a more accurate answer to DEM5.

SECTION 14: MOOD

We are almost done with the survey. These last questions concern your feelings. Please answer always, very often, fairly often, sometimes, almost never, or never.

MOOD1. How often during the past month have you felt so down in the dumps that nothing could cheer you up? Would you say (READ ANSWERS)?

Always................................................................................... 1
Very often................................................................................ 2
Fairly often............................................................................ 3
Sometimes ............................................................................. 4
Almost never ........................................................................... 5
Never...................................................................................... 6
DK .......................................................................................... 98
RF .......................................................................................... 99

The last two sections of this questionnaire are the most sensitive. Do not push R if he/she refuses to answer some of these questions. Give R time if the questions seem to be at all upsetting.

The first 4 questions use the same set of answer choices, MOOD5 has a different set of answers, and then the final 7 MOOD questions use a third set of answers. Once R becomes familiar with the answer set, you do not need to read every choice.

MOOD2. How often during the past month did you feel that nothing turned out for you the way you wanted it to? (Would you say [READ ANSWERS])?

Always................................................................. 1
Very often........................................................... 2
Fairly often........................................................ 3
Sometimes ....................................................... 4
Almost never ..................................................... 5
Never............................................................................ 6
DK ...................................................................................... 98
RF .......................................................................................... 99
MOOD3. During the past month, how often did you feel that others would be better off if you were dead? (Would you say [READ ANSWERS])?

<table>
<thead>
<tr>
<th>Frequency</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Always</td>
<td>1</td>
</tr>
<tr>
<td>Very often</td>
<td>2</td>
</tr>
<tr>
<td>Fairly often</td>
<td>3</td>
</tr>
<tr>
<td>Sometimes</td>
<td>4</td>
</tr>
<tr>
<td>Almost never</td>
<td>5</td>
</tr>
<tr>
<td>Never</td>
<td>6</td>
</tr>
<tr>
<td>DK</td>
<td>98</td>
</tr>
<tr>
<td>RF</td>
<td>99</td>
</tr>
</tbody>
</table>

MOOD4. How often during the past month did you find yourself having difficulty trying to calm down? (Would you say [READ ANSWERS])?

<table>
<thead>
<tr>
<th>Frequency</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Always</td>
<td>1</td>
</tr>
<tr>
<td>Very often</td>
<td>2</td>
</tr>
<tr>
<td>Fairly often</td>
<td>3</td>
</tr>
<tr>
<td>Sometimes</td>
<td>4</td>
</tr>
<tr>
<td>Almost never</td>
<td>5</td>
</tr>
<tr>
<td>Never</td>
<td>6</td>
</tr>
<tr>
<td>DK</td>
<td>98</td>
</tr>
<tr>
<td>RF</td>
<td>99</td>
</tr>
</tbody>
</table>

MOOD5. How much have you been bothered by nervousness, or your “nerves” during the past month? Would you say (READ ANSWERS)?

<table>
<thead>
<tr>
<th>Degree ofbothering</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Extremely so, to the point where I would not take care of things</td>
<td>1</td>
</tr>
<tr>
<td>Very much bothered</td>
<td>2</td>
</tr>
<tr>
<td>Bothered quite a bit by nerves</td>
<td>3</td>
</tr>
<tr>
<td>Bothered some, enough to take notice</td>
<td>4</td>
</tr>
<tr>
<td>Bothered just a little bit by nerves</td>
<td>5</td>
</tr>
<tr>
<td>Not bothered at all by this</td>
<td>6</td>
</tr>
<tr>
<td>DK</td>
<td>98</td>
</tr>
<tr>
<td>RF</td>
<td>99</td>
</tr>
</tbody>
</table>

The answer categories are long for this question so it may be necessary for you to repeat them. Give R time to think about each option before moving onto the next.

For these next questions, please answer all of the time, most of the time, a good bit of the time, some of the time, a little of the time, or none of the time.

MOOD6. During the past month, how much of the time have you felt tense or “high strung”? Would you say (READ ANSWERS)?

<table>
<thead>
<tr>
<th>Time felt tense</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>All of the time</td>
<td>1</td>
</tr>
<tr>
<td>Most of the time</td>
<td>2</td>
</tr>
<tr>
<td>A good bit of the time</td>
<td>3</td>
</tr>
<tr>
<td>Some of the time</td>
<td>4</td>
</tr>
<tr>
<td>A little of the time</td>
<td>5</td>
</tr>
<tr>
<td>None of the time</td>
<td>6</td>
</tr>
<tr>
<td>DK</td>
<td>98</td>
</tr>
<tr>
<td>RF</td>
<td>99</td>
</tr>
</tbody>
</table>

MOOD7. How much of the time during the past month have you felt downhearted and blue? (Would you say [READ ANSWERS])?

<table>
<thead>
<tr>
<th>Time felt downhearted</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>All of the time</td>
<td>1</td>
</tr>
<tr>
<td>Most of the time</td>
<td>2</td>
</tr>
<tr>
<td>A good bit of the time</td>
<td>3</td>
</tr>
<tr>
<td>Some of the time</td>
<td>4</td>
</tr>
<tr>
<td>A little of the time</td>
<td>5</td>
</tr>
<tr>
<td>None of the time</td>
<td>6</td>
</tr>
<tr>
<td>DK</td>
<td>98</td>
</tr>
<tr>
<td>RF</td>
<td>99</td>
</tr>
</tbody>
</table>
MOOD8. During the past month, how much of the time have you been in low or very low spirits? (Would you say [READ ANSWERS])?

MOOD9. During the past month, how much of the time have you enjoyed the things you do? (Would you say [READ ANSWERS])?

MOOD10. How much of the time during the past month were you able to relax without difficulty? (Would you say [READ ANSWERS])?

MOOD11. How much of the time during the past month have you felt calm and peaceful? (Would you say [READ ANSWERS])?

MOOD12. How much of the time during the past month did you feel relaxed and free of tension? (Would you say [READ ANSWERS])?

SECTION 15: HELP SEEKING

HELP1. During the past 12 months, have you sought help for stress, depression, or problems with emotions?

The emotional problems asked about in this question may have any cause, not just arthritis or joint symptoms. If R says that he/she has no problems so would never need to seek this type of help, code 6 Not Applicable.
Did you seek help from any of the following?

### HELP2. Family or friends?

<table>
<thead>
<tr>
<th>Option</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>NO</td>
<td>0</td>
</tr>
<tr>
<td>YES</td>
<td>1</td>
</tr>
<tr>
<td>N/A (SKIP)</td>
<td>7</td>
</tr>
<tr>
<td>DK</td>
<td>8</td>
</tr>
<tr>
<td>RF</td>
<td>9</td>
</tr>
</tbody>
</table>

### HELP3. A self help group or support group?

<table>
<thead>
<tr>
<th>Option</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>NO</td>
<td>0</td>
</tr>
<tr>
<td>YES</td>
<td>1</td>
</tr>
<tr>
<td>N/A (SKIP)</td>
<td>7</td>
</tr>
<tr>
<td>DK</td>
<td>8</td>
</tr>
<tr>
<td>RF</td>
<td>9</td>
</tr>
</tbody>
</table>

### HELP4. A priest, minister, rabbi, or other religious counselor?

<table>
<thead>
<tr>
<th>Option</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>NO</td>
<td>0</td>
</tr>
<tr>
<td>YES</td>
<td>1</td>
</tr>
<tr>
<td>N/A (SKIP)</td>
<td>7</td>
</tr>
<tr>
<td>DK</td>
<td>8</td>
</tr>
<tr>
<td>RF</td>
<td>9</td>
</tr>
</tbody>
</table>

### HELP5. A therapist or counselor?

<table>
<thead>
<tr>
<th>Option</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>NO</td>
<td>0</td>
</tr>
<tr>
<td>YES</td>
<td>1</td>
</tr>
<tr>
<td>N/A (SKIP)</td>
<td>7</td>
</tr>
<tr>
<td>DK</td>
<td>8</td>
</tr>
<tr>
<td>RF</td>
<td>9</td>
</tr>
</tbody>
</table>

### HELP6. A physician?

<table>
<thead>
<tr>
<th>Option</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>NO</td>
<td>0</td>
</tr>
<tr>
<td>YES</td>
<td>1</td>
</tr>
<tr>
<td>N/A (SKIP)</td>
<td>7</td>
</tr>
<tr>
<td>DK</td>
<td>8</td>
</tr>
<tr>
<td>RF</td>
<td>9</td>
</tr>
</tbody>
</table>

### SECTION 16: COMMENTS

**COMM1.** That concludes our questions. Is there anything you would like to add about your arthritis or joint symptoms?

<table>
<thead>
<tr>
<th>Option</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>NO</td>
<td>0</td>
</tr>
<tr>
<td>YES (RECORD VERBATIM)</td>
<td>1</td>
</tr>
<tr>
<td>DK</td>
<td>8</td>
</tr>
<tr>
<td>RF</td>
<td>9</td>
</tr>
</tbody>
</table>

**RECORD VERBATIM:**

Carefully record verbatim any additional comments that R has.

### SECTION 17: DONATION

**DON8.** For your time and effort, we would like to send you a card with 100 minutes of pre-paid long distance phone service, or send someone of your choice the long distance card, or if you want we can donate $5.00 to the Arthritis Foundation. Which would you prefer? GET NECESSARY INFORMATION

<table>
<thead>
<tr>
<th>Option</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>CARD TO SELF</td>
<td>1</td>
</tr>
<tr>
<td>CARD TO OTHER</td>
<td>2</td>
</tr>
<tr>
<td>AF DONATION</td>
<td>3</td>
</tr>
<tr>
<td>DOESN'T WANT ANYTHING</td>
<td>4</td>
</tr>
<tr>
<td>DK</td>
<td>8</td>
</tr>
<tr>
<td>RF</td>
<td>9</td>
</tr>
</tbody>
</table>

We thank you for your time.

END TIME

[ ] [ ]