

Date:
(Day Month Year)

ID-Number:



Questionnaire for young people with arthritis

Hi,

We would like you to answer some questions about how you have been feeling during the past four weeks. Please answer all the questions if you can. If you don't understand a question or would prefer not to answer it, please leave it out and go on to the next one.

- ⇒ Think back over the past four weeks when answering the questions.
- ⇒ Choose the answer that fits you best and tick the appropriate box.

If you spend time with your friends 'very often' you would tick the box as shown in this example:

For example:

never

seldom

quite
often

very
often

always

Do you spend time with your friends?

There are no right or wrong answers. It's what you think that matters.



About your arthritis

Think about the last four weeks!

	never	seldom	quite often	very often	always
1. Do you feel stiff in the mornings (like an old grandma/granddad)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Do you get exhausted easily?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Does arthritis make you feel too exhausted to be with friends?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Do you hate being in pain?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Does it annoy you that the pain sometimes comes on so suddenly?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Does pain stop you from doing what you want?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Does it bother you that you can't do all sports/hobbies because of your arthritis?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Do you hate being restricted in movement?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Does it bother you that you have trouble writing/ drawing?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



About your arthritis

Think about the last four weeks!

	never	seldom	quite often	very often	always
10. Do others understand that your symptoms may change suddenly?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Do your friends understand that you may feel poorly quite suddenly?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Do teachers understand that you sometimes can't join in?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

The last three questions are about how much trouble you have had **with your arthritis in the last year.**



About symptoms

Think about the last year

never few times every month every week daily

a. How often did you have problems with your arthritis during the last year?

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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not at all a little bit moderately quite a bit extremely

b. How severe was your arthritis during the last year?

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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never seldom quite often very often always

c. How often did you have pain in your joints or muscles during the last year?

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Thank you for your assistance!

