Tehran University for Medical Sciences

Rheumatology Research Center

COPCORD Project, TEHRAN/ IRAN

With Cooperation of ILAR & WHO

Screening questionnaire

(Back Translated)

Date…. **Time interview started……** **Interviewer code…**

Case code ☐☐☐☐☐☐☐ **national code……**

A_1. Date of birth day ☐☐ month ☐☐ year ☐☐☐☐

PART A: PERSONAL INFORMATION

A_1. Gender: ❒ male ❒ female

A_2. Marital status:

❒Single

❒Married

❒ Divorce

❒Widow

❒Other, Specify……..

A_3. Ethnicity and religion:

❒Fars

❒Turk

❒Kurd

❒Belouch

❒ Lor

❒ Arab

❒Zoroastrian

❒Jew

❒ Armenian

❒ Other, specify….

A_4. Education:

❒ Illiterate

❒ Incomplete Primary school

❒ Completed primary school

❒ Incomplete Guidance school

❒ Completed guidance school

❒ High School

❒ Diploma or Pre College

❒ Clerical education

❒ Literacy movement classes

❒ University

PART B: PROFESSIONAL DATA

B_1. Are you working now? (Please consider yourself as working if you are a housewife, retired, student or doing any unpaid-for job)

❒No ***move to part B_3***

❒Yes

B_1. Present job:

Specify…….

B_2. Second job

Specify…….

B_{3a}. Which one of your occupations was the longest (don't consider housewife, retired, and student)?

B_{3b}. Duration...

B_4. If retired, the main cause of retirement

❒Health problem

❒Work condition

❒Other

PART C: PAIN, TENDERNESS, SWELLING OR STIFFNESS

C_1. Have you had any of the problems mentioned below in the past 7 days in your joints, muscles or bones? (Pain, tenderness swelling or stiffness)

❒No ***move to part C_8***

❒Yes

C_2. In which part of the body? For how long? (Days, weeks, months, years)

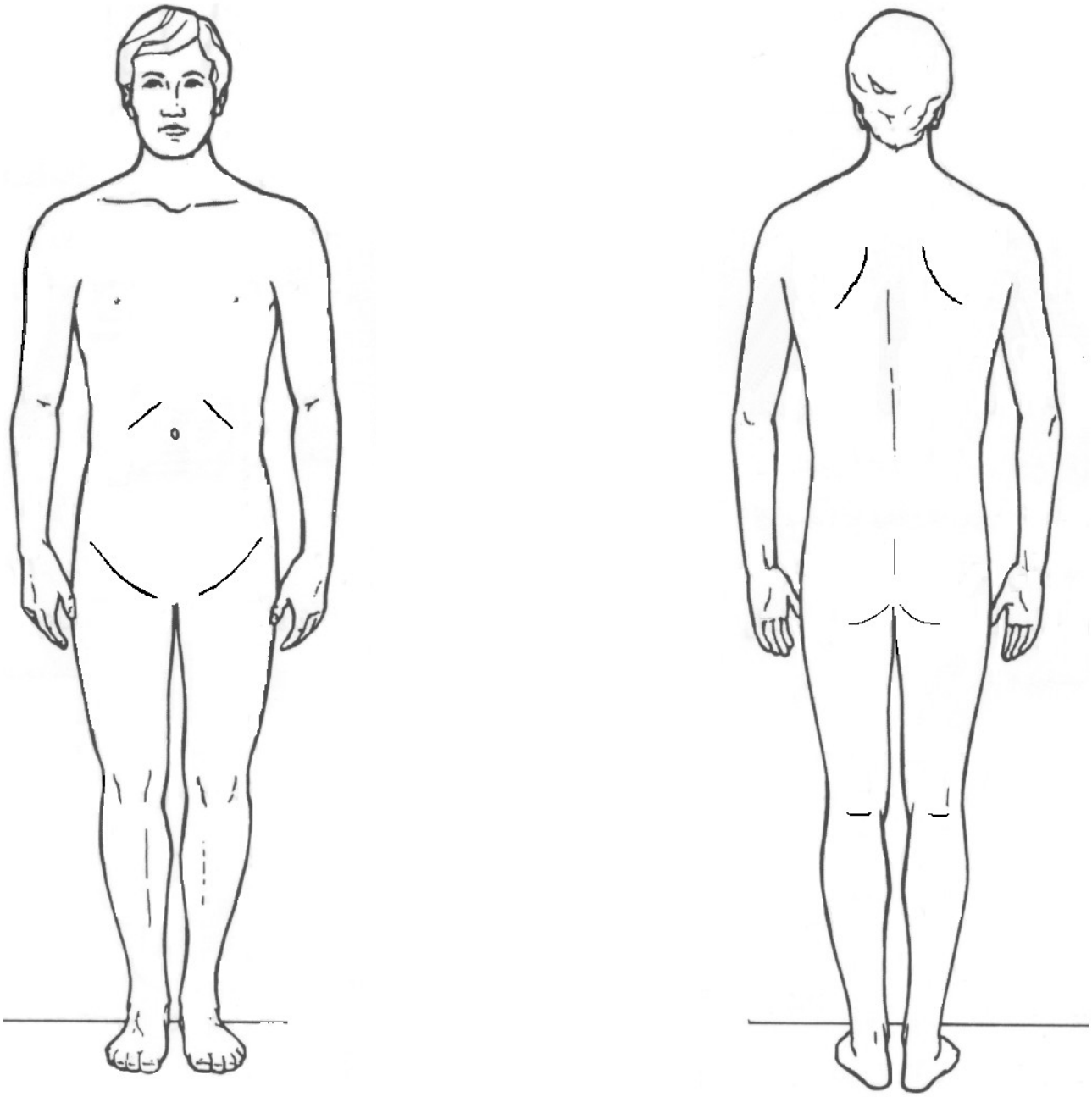
a) Shoulders	❒ NO	❒ YES, duration …….
Pain	❒ NO	❒ YES
Tenderness	❒ NO	❒ YES
Stiffness	❒ NO	❒ YES
b) Elbow	❒ NO	❒ YES, duration …….
Pain	❒ NO	❒ YES
Swelling	❒ NO	❒ YES
Stiffness	❒ NO	❒ YES
Tenderness	❒ NO	❒ YES
c) Wrists	❒ NO	❒ YES, duration …….
Pain	❒ NO	❒ YES
Swelling	❒ NO	❒ YES
Stiffness	❒ NO	❒ YES
Tenderness	❒ NO	❒ YES
d) Hands	❒ NO	❒ YES, duration …….
Pain	❒ NO	❒ YES
Swelling	❒ NO	❒ YES
Stiffness	❒ NO	❒ YES
Tenderness	❒ NO	❒ YES
e) Hips	❒ NO	❒ YES, duration …….
Pain	❒ NO	❒ YES
Stiffness	❒ NO	❒ YES
Tenderness	❒ NO	❒ YES
f) Knee	❒ NO	❒ YES, duration …….
Pain	❒ NO	❒ YES
Stiffness	❒ NO	❒ YES
Swelling	❒ NO	❒ YES
Tenderness	❒ NO	❒ YES
g) Ankles	❒ NO	❒ YES, duration …….
Pain	❒ NO	❒ YES
Stiffness	❒ NO	❒ YES
Swelling	❒ NO	❒ YES
Tenderness	❒ NO	❒ YES
h) Toes	❒ NO	❒ YES, duration …….
Pain	❒ NO	❒ YES
Stiffness	❒ NO	❒ YES
Swelling	❒ NO	❒ YES

Tenderness	❒ NO	❒ YES
i) Neck	❒ NO	❒ YES, duration …….
Pain	❒ NO	❒ YES
Stiffness	❒ NO	❒ YES
Tenderness	❒ NO	❒ YES
j) Spine	❒ NO	❒ YES, duration …….
Pain	❒ NO	❒ YES
Stiffness	❒ NO	❒ YES
Tenderness	❒ NO	❒ YES

k) Other (joints, muscles, bones)

Name them …	❒ NO	❒ YES, duration …….
Pain	❒ NO	❒ YES
Stiffness	❒ NO	❒ YES
Swelling	❒ NO	❒ YES
Tenderness	❒ NO	❒ YES

C_3. Please indicate with a cross (x) on the figure below, where have you had pain, tenderness, swelling or stiffness in the past 7 days.



C_4. If you have had joint pain (or muscle or bone pain)

a. Pain in the morning

❒ Is further

❒Is lesser

❒No difference

b. **With activity?**

❒ Is further

❒ Is lesser

❒No difference

c. Dose the pain cause to awake you?

❒Yes

❒ No

C_{5a}. Draw a vertical line on the diagram below, which best indicates the intensity of your pain after the accident.

Intense pain  No pain

C_{5b}. How do you evaluate your pain in this past 7 days?

❒Mild

❒Moderate

❒Sever

❒Very severe

❒Intense

C_6. Have you had any accident, trauma (torsion stretching or wound) before pain, tenderness, swelling or stiffness?

❒No

❒Yes

If yes, what sort of accident or trauma?

❒ Falling during walking due to Imbalance

❒ Falling

❒ Accident

❒ Strike with heavyset

❒ Others

C_7. What kind of injury happened in this event?

❒ Fracture

❒ Dislocation

❒ strain & sprain

❒ Others

C_8. If you did not have any problems e.g. pain, swelling of stiffness in bones, joints and muscles in the past 7 days, have you ever had pain, tenderness, swelling or stiffness in your bones, joints and/or muscles that was recurring or lasted more than one month?

❒ No ***If answers to C_1 and C_8 are negative move to part "F".***

❒ Yes

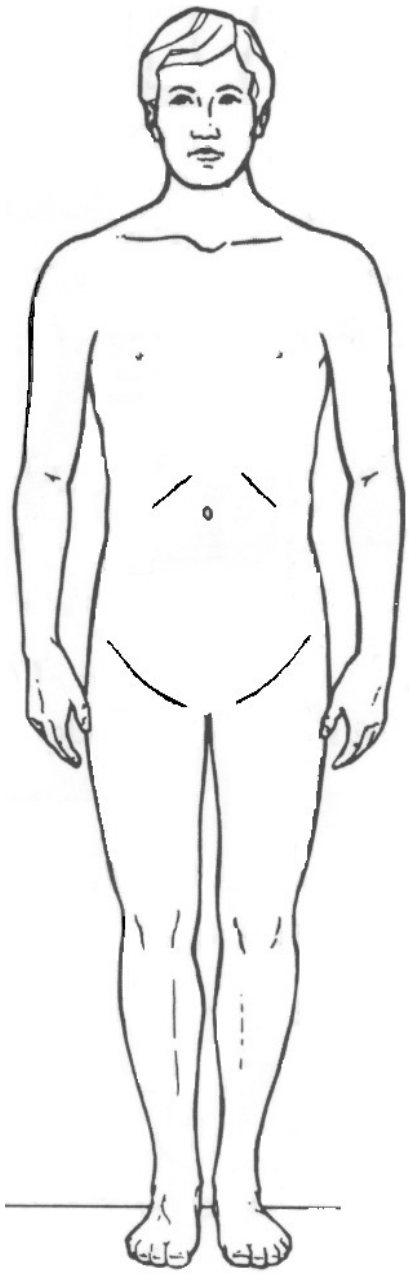
C_9.Where have you had pain, tenderness, swelling or stiffness and for how long (days, weeks, months, years)?

a) Shoulders	❒ NO	❒ YES, duration …….
Pain	❒ NO	❒ YES
Tenderness	❒ NO	❒ YES
Stiffness	❒ NO	❒ YES
b) Elbow	❒ NO	❒ YES, duration …….
Pain	❒ NO	❒ YES
Swelling	❒ NO	❒ YES
Stiffness	❒ NO	❒ YES
Tenderness	❒ NO	❒ YES
c) Wrists	❒ NO	❒ YES, duration …….
Pain	❒ NO	❒ YES
Swelling	❒ NO	❒ YES
Stiffness	❒ NO	❒ YES
Tenderness	❒ NO	❒ YES
d) Hands	❒ NO	❒ YES, duration …….

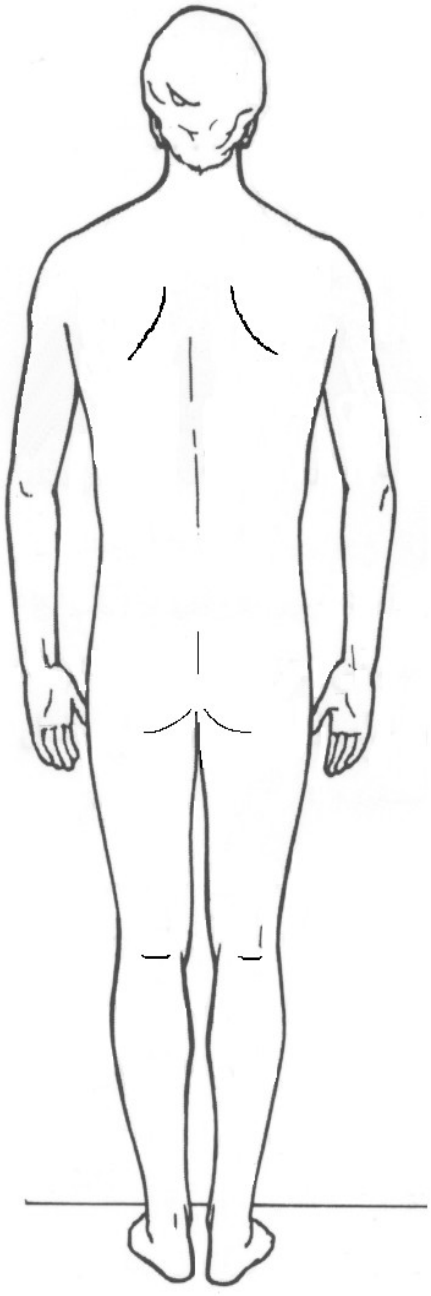
Pain	❒ NO	❒ YES
Swelling	❒ NO	❒ YES
Stiffness	❒ NO	❒ YES
Tenderness	❒ NO	❒ YES
e) Hips	❒ NO	❒ YES, duration …….
Pain	❒ NO	❒ YES
Stiffness	❒ NO	❒ YES
Tenderness	❒ NO	❒ YES
f) Knee	❒ NO	❒ YES, duration …….
Pain	❒ NO	❒ YES
Stiffness	❒ NO	❒ YES
Swelling	❒ NO	❒ YES
Tenderness	❒ NO	❒ YES
g) Ankles	❒ NO	❒ YES, duration …….
Pain	❒ NO	❒ YES
Stiffness	❒ NO	❒ YES
Swelling	❒ NO	❒ YES
Tenderness	❒ NO	❒ YES
h) Toes	❒ NO	❒ YES, duration …….
Pain	❒ NO	❒ YES
Stiffness	❒ NO	❒ YES
Swelling	❒ NO	❒ YES
Tenderness	❒ NO	❒ YES
i) Neck	❒ NO	❒ YES, duration …….
Pain	❒ NO	❒ YES
Stiffness	❒ NO	❒ YES
Tenderness	❒ NO	❒ YES
j) Spine	❒ NO	❒ YES, duration …….
Pain	❒ NO	❒ YES
Stiffness	❒ NO	❒ YES
Tenderness	❒ NO	❒ YES

k. Other (joints, muscles, bones)

Name it …	❒ NO	❒ YES, duration …….
Pain	❒ NO	❒ YES
Stiffness	❒ NO	❒ YES
Swelling	❒ NO	❒ YES
Tenderness	❒ NO	❒ YES



C_{10}. Please indicate with a cross (x) on the figure below, where have you had pain, tenderness, swelling or stiffness.



C_{11}. Have you had any accident or trauma (torsion, stretching or wound) before the onset of pain, tenderness, swelling or stiffness?

❒No

❒Yes

If yes, what kind of accident or trauma?

❒ Falling during walking due to Imbalance

❒ Falling

❒ Accident

❒ Strike with heavyset

❒ Others

What kind of injury happened in this event?

❒ Fracture

❒ Dislocation

❒ Stretching

❒ Others

PART D: FUNCTIONAL DISABILITY

Have problems like pain, tenderness, swelling and stiffness in bones, joints or muscles, ever limited your normal day to day activities?

❒ Currently limited. For how long (days, weeks, months, years)? ……..…

Move to part E

❒ Not limited now but have been limited in past. For how long (days, weeks, months)? ……..…

Move to part F

❒ Never limited

Move to part F

PART E: DISABILITY IN PERFORMING TASKS THAT REQUIRE SKILLS

Note: This part is to be completed by those who have limitations now.

In this part we want to know more about how your daily activities are limited because of pain, tenderness, swelling or stiffness in your bones, joints or muscles.

Indicate the answer that best describes your <u>usual ability in the past 7 days</u> with a cross (x).

E_1. Dressing:fastening the belt of trousers, dressing pajamas, doing buttons up, etc

- ❒ No problem
- ❒ Slight difficulty
- ❒ Severe difficulty
- ❒ Totally unable

E2. Getting up: going to bed and getting out of bed

- ❒ No problem
- ❒ Slight difficulty
- ❒ Severe difficulty
- ❒ Totally unable

E_3. Drinking: raising a cup or a glass to mouth

- ❒ No problem
- ❒ Slight difficulty
- ❒ Severe difficulty
- ❒ Totally unable

E_4. Eating and grasping (gripping) with hands: cutting a piece of bread and eating with spoon

- ❒ No problem
- ❒ Slight difficulty
- ❒ Severe difficulty
- ❒ Totally unable

E_5. Walking: walking out doors on flat surface

- ❒ No problem
- ❒ Slight difficulty
- ❒ Severe difficulty
- ❒ Totally unable

E_6. Personal hygiene: washing and drying one's whole body

- ❒ No problem
- ❒ Slight difficulty

❒ Severe difficulty

❒ Totally unable

E_7. Personal hygiene: squatting down when urinating

❒ No problem

❒ Slight difficulty

❒ Severe difficulty

❒ Totally unable

E_8. Reaching: bending to take clothes from the floor

❒ No problem

❒ Slight difficulty

❒ Severe difficulty

❒ Totally unable

E_9. Reaching: putting the clothes on a clothes line. Reaching above one's head for this purpose

❒ No problem

❒ Slight difficulty

❒ Severe difficulty

❒ Totally unable

E_{10}. Physical activity: getting on and off a bus, taxi, etc

❒ No problem

❒ Slight difficulty

❒ Severe difficulty

❒ Totally unable

E_{11}. Activity: sitting in a cross-legged position

❒ No problem

❒ Slight difficulty

❒ Severe difficulty

❒ Totally unable

E_{12}. Activity: doing one's daily prayers

❒ No problem

❒ Slight difficulty

❒ Severe difficulty

❒ Totally unable

E. Holding by hands: opening a bottle, a can with opener

❒ No problem

❒ Slight difficulty

❒ Severe difficulty

❒ Totally unable

PART F: Extra articular symptoms due to musculoskeletal disease

F_1. Have you ever had oral ulcer?

❒ No **move to F_4**

❒ Yes

F_2. If yes, did it have characteristics of aphtus?

❒Yes

❒ No

❒ I do not know

F_3. If yes, have you had any lesion like that in your genital area?

❒ Yes

❒ No

❒ I do not know

F_4. Have you ever had any suppurative boil?

❒ Yes

❒No

If yes, where was it?

❒ Face

❒ Trunk

❒ Extremities (limbs)

F_5. Have you ever had any painful bulgy red lesion?

❒ Yes

❒ No

❒ I do not know

F_6. Have you ever had sudden blurred vision for more than one week?

❒Yes

❒No

If the answers to" C1","C8" and all questions of part "F" are negative, go to part "H"

PART G: TREATMENT

G_1. Have you any treatment for pain, tenderness, swelling or stiffness in your joints, bones or muscles?

❒No **if no, move to part G4**

❒Yes

G_2. From whom? mark as many as apply.

a) Doctors in:

❒ A General practitioner private clinic

❒ A Specialist private clinic

❒ A Sub specialist private clinic

❒ A Primary health care center

❒ A Private hospital

❒ A university hospital

❒ Other hospitals

❒ Specialized polyclinics

❒ Other polyclinics

b) Other sources:

❒ Physiotherapy

❒ Homeopathy

❒ Herbal medicine

❒ Traditional physician

❒ Medical assistant

❒ Acupuncture medicine

❒ Self medication

❒ Bonesetter

❒ Chiropractic

❒ Energy therapy

❒ Drugstore

❒ Others, specify ……...

G_3. Which one of below named treatments for pain tenderness, swelling, and stiffness you have had?

a. Non prescribed tablets ❒ Yes ❒ No

Were they helpful?

❒ Yes

❒ No

❒ Not sure

b. Prescribed tablets ❒ Yes ❒No

Were they helpful?

❒ Yes

❒ No

❒ Not sure

c. Non prescribed liniment ❒ Yes ❒ No

Were they helpful?

❒ Yes

❒ No

❒ Not sure

d. Prescribed liniment ❒Yes ❒ No

Were they helpful?

❒ Yes

❒ No

❒ Not sure

e. Injections ❒ Yes ❒ No

Were they helpful?

❒Yes

❒ No

❒ Not sure

f. Physiotherapy ❒ Yes ❒ No

Was it helpful?

❒ Yes

❒ No

❒ Not sure

g. Surgeries ❒ Yes ❒ No

Were they helpful?

❒ Yes

❒ No

❒ Not sure

h. Special diets ❒ Yes ❒ No

Were they helpful?

❒Yes

❒ No

❒ Not sure

i. Other remedies (name it)….

Were they helpful?

❒ Yes

❒ No

❒ Not sure

G_4. Has a physician mentioned the reason for your pain, tenderness, swelling or stiffness in joints, bones, muscles (a diagnosis)? For example:

❒ Arthritis

❒ Arthrosis

❒ Rheumatoid arthritis

❒ Rheumatism

❒Osteoarthritis

❒Osteoporosis

❒ Fibromyalgia or fibrositis

❒ Systemic lupus

❒Ankylosing spondylitis

❒ Degenerative joint disease

❒ Behcet

❒Other, specify…

G_5. If you have had pain, tenderness, swelling or stiffness, how have you coped with these problems?

❒ Very well

❒ Well

❒ Slightly

❒ Not at all

PART H: ASSESSMENT

H_1. Were the questions easy to understand?

❒ Yes

❒ No

H_2. Do you have any comment on this questionnaire?

❒Yes

❒ No

Thank you for your cooperation

Time interview finished …….