COPCORD Project, TEHRAN/ IRAN

With Cooperation of ILAR & WHO

Screening questionnaire

(Back Translated)
PART A: PERSONAL INFORMATION

A1. Date of birth: day __ month __ year __

A2. Marital status:
   - Single
   - Married
   - Divorce
   - Widow
   - Other, Specify........

A3. Ethnicity and religion:
   - Fars
   - Turk
   - Kurd
   - Belouch
   - Lor
   - Arab
   - Zoroastrian
   - Jew
   - Armenian
   - Other, specify....

A4. 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

B1. 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 B3
   ☐ Yes

B1. Present job:
   Specify……..

B2. Second job
   Specify……..

B3a. Which one of your occupations was the longest (don’t consider housewife, retired, and student)?

B3b. Duration...

B4. If retired, the main cause of retirement
   ☐ Health problem
   ☐ Work condition
   ☐ Other
**PART C: PAIN, TENDERNESS, SWELLING OR STIFFNESS**

C1. 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 C2**
- ☐ Yes

C2. In which part of the body? For how long? (Days, weeks, months, years)

<table>
<thead>
<tr>
<th>Body Part</th>
<th>Pain</th>
<th>Tenderness</th>
<th>Stiffness</th>
</tr>
</thead>
<tbody>
<tr>
<td>a) Shoulders</td>
<td>☐ NO</td>
<td>☐ YES, duration ..........</td>
<td>☐ YES</td>
</tr>
<tr>
<td>Pain</td>
<td>☐ NO</td>
<td>☐ YES</td>
<td></td>
</tr>
<tr>
<td>Tenderness</td>
<td>☐ NO</td>
<td>☐ YES</td>
<td></td>
</tr>
<tr>
<td>Stiffness</td>
<td>☐ NO</td>
<td>☐ YES</td>
<td></td>
</tr>
<tr>
<td>b) Elbow</td>
<td>☐ NO</td>
<td>☐ YES, duration ..........</td>
<td>☐ YES</td>
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<tr>
<td>Pain</td>
<td>☐ NO</td>
<td>☐ YES</td>
<td></td>
</tr>
<tr>
<td>Swelling</td>
<td>☐ NO</td>
<td>☐ YES</td>
<td></td>
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<tr>
<td>Stiffness</td>
<td>☐ NO</td>
<td>☐ YES</td>
<td></td>
</tr>
<tr>
<td>Tenderness</td>
<td>☐ NO</td>
<td>☐ YES</td>
<td></td>
</tr>
<tr>
<td>c) Wrists</td>
<td>☐ NO</td>
<td>☐ YES, duration ..........</td>
<td>☐ YES</td>
</tr>
<tr>
<td>Pain</td>
<td>☐ NO</td>
<td>☐ YES</td>
<td></td>
</tr>
<tr>
<td>Swelling</td>
<td>☐ NO</td>
<td>☐ YES</td>
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<tr>
<td>Stiffness</td>
<td>☐ NO</td>
<td>☐ YES</td>
<td></td>
</tr>
<tr>
<td>Tenderness</td>
<td>☐ NO</td>
<td>☐ YES</td>
<td></td>
</tr>
<tr>
<td>d) Hands</td>
<td>☐ NO</td>
<td>☐ YES, duration ..........</td>
<td>☐ YES</td>
</tr>
<tr>
<td>Pain</td>
<td>☐ NO</td>
<td>☐ YES</td>
<td></td>
</tr>
<tr>
<td>Swelling</td>
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<td>☐ YES</td>
<td></td>
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<tr>
<td>Stiffness</td>
<td>☐ NO</td>
<td>☐ YES</td>
<td></td>
</tr>
<tr>
<td>Tenderness</td>
<td>☐ NO</td>
<td>☐ YES</td>
<td></td>
</tr>
<tr>
<td>e) Hips</td>
<td>☐ NO</td>
<td>☐ YES, duration ..........</td>
<td>☐ YES</td>
</tr>
<tr>
<td>Pain</td>
<td>☐ NO</td>
<td>☐ YES</td>
<td></td>
</tr>
<tr>
<td>Stiffness</td>
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<td>☐ YES</td>
<td></td>
</tr>
<tr>
<td>Tenderness</td>
<td>☐ NO</td>
<td>☐ YES</td>
<td></td>
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<tr>
<td>f) Knee</td>
<td>☐ NO</td>
<td>☐ YES, duration ..........</td>
<td>☐ YES</td>
</tr>
<tr>
<td>Pain</td>
<td>☐ NO</td>
<td>☐ YES</td>
<td></td>
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<tr>
<td>Stiffness</td>
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<td>☐ NO</td>
<td>☐ YES</td>
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<tr>
<td>Tenderness</td>
<td>☐ NO</td>
<td>☐ YES</td>
<td></td>
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<tr>
<td>g) Ankles</td>
<td>☐ NO</td>
<td>☐ YES, duration ..........</td>
<td>☐ YES</td>
</tr>
<tr>
<td>Pain</td>
<td>☐ NO</td>
<td>☐ YES</td>
<td></td>
</tr>
<tr>
<td>Stiffness</td>
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<td></td>
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<tr>
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<td>☐ YES</td>
<td></td>
</tr>
<tr>
<td>Tenderness</td>
<td>☐ NO</td>
<td>☐ YES</td>
<td></td>
</tr>
<tr>
<td>h) Toes</td>
<td>☐ NO</td>
<td>☐ YES, duration ..........</td>
<td>☐ YES</td>
</tr>
<tr>
<td>Pain</td>
<td>☐ NO</td>
<td>☐ YES</td>
<td></td>
</tr>
<tr>
<td>Stiffness</td>
<td>☐ NO</td>
<td>☐ YES</td>
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<tr>
<td>Swelling</td>
<td>☐ NO</td>
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<tr>
<td>Region</td>
<td>Tenderness</td>
<td>Pain</td>
<td>Stiffness</td>
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<tr>
<td>--------------</td>
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<td>-----------</td>
</tr>
<tr>
<td>i) Neck</td>
<td>NO</td>
<td>YES</td>
<td>YES</td>
</tr>
<tr>
<td>j) Spine</td>
<td>NO</td>
<td>NO</td>
<td>YES</td>
</tr>
<tr>
<td>k) Other</td>
<td>NO</td>
<td>NO</td>
<td>YES</td>
</tr>
</tbody>
</table>

For other regions, please specify:

<table>
<thead>
<tr>
<th>Region</th>
<th>Tenderness</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name them</td>
<td>NO</td>
</tr>
</tbody>
</table>

Pain: YES, duration 

Stiffness: YES

Swelling: YES

Tenderness: YES
C₃. Please indicate with a cross (x) on the figure below, where have you had pain, tenderness, swelling or stiffness in the past 7 days.
C4. 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

C5a. Draw a vertical line on the diagram below, which best indicates the intensity of your pain after the accident.

![Intense pain scale]

C5b. How do you evaluate your pain in this past 7 days?

☐ Mild
☐ Moderate
☐ Sever
☐ Very severe
☐ Intense

C6. 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

C7. What kind of injury happened in this event?
☐ Fracture
☐ Dislocation
☐ strain & sprain
☐ Others

C8. 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 C7 and C8 are negative move to part “F”.
☐ Yes

C9. Where have you had pain, tenderness, swelling or stiffness and for how long (days, weeks, months, years)?

a) Shoulders
   Pain
   Tenderness
   Stiffness

b) Elbow
   Pain
   Swelling
   Stiffness
   Tenderness

c) Wrists
   Pain
   Swelling
   Stiffness
   Tenderness

d) Hands
   Pain
   Swelling
   Stiffness
   Tenderness

☐ NO  ☐ YES, duration ..........
<table>
<thead>
<tr>
<th>Part of Body</th>
<th>Pain</th>
<th>Swelling</th>
<th>Stiffness</th>
<th>Tenderness</th>
</tr>
</thead>
<tbody>
<tr>
<td>e) Hips</td>
<td>☐ NO</td>
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<td>☐ NO</td>
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<td>☐ YES</td>
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<td>☐ YES</td>
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<td>☐ YES</td>
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<td>h) Toes</td>
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<tr>
<td>j) Spine</td>
<td>☐ NO</td>
<td>☐ YES</td>
<td>☐ YES</td>
<td>☐ YES</td>
</tr>
<tr>
<td>k. Other (joints, muscles, bones)</td>
<td></td>
<td></td>
<td></td>
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</tbody>
</table>

**Name it …**

<table>
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<tr>
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<th>Tenderness</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>☐ NO</td>
<td>☐ YES</td>
<td>☐ YES</td>
<td>☐ YES</td>
</tr>
</tbody>
</table>

pam, duration .........

Stiffness: ☐ YES

Tenderness: ☐ YES

Swelling: ☐ NO

Tenderness: ☐ NO

Tenderness: ☐ NO

Tenderness: ☐ NO

Tenderness: ☐ NO

Tenderness: ☐ NO

k. Other (joints, muscles, bones)

Name it …

<table>
<thead>
<tr>
<th>Part of Body</th>
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<th>Tenderness</th>
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<td>☐ YES</td>
<td>☐ YES</td>
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</tr>
</tbody>
</table>

C10. Please indicate with a cross (x) on the figure below, where have you had pain, tenderness, swelling or stiffness.
C11. 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 **usual ability in the past 7 days** with a cross (x).

**E₁. 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

**E₃. Drinking:** raising a cup or a glass to mouth
- No problem
- Slight difficulty
- Severe difficulty
- Totally unable

**E₄. Eating and grasping (gripping) with hands:** cutting a piece of bread and eating with spoon
- No problem
- Slight difficulty
- Severe difficulty
- Totally unable

**E₅. Walking:** walking out doors on flat surface
- No problem
- Slight difficulty
- Severe difficulty
- Totally unable

**E₆. Personal hygiene:** washing and drying one’s whole body
- No problem
- Slight difficulty
☐ Severe difficulty  
☐ Totally unable  

E7. **Personal hygiene: squatting down when urinating**  
☐ No problem  
☐ Slight difficulty  
☐ Severe difficulty  
☐ Totally unable  

E8. **Reaching: bending to take clothes from the floor**  
☐ No problem  
☐ Slight difficulty  
☐ Severe difficulty  
☐ Totally unable  

E9. **Reaching: putting the clothes on a clothes line. Reaching above one’s head for this purpose**  
☐ No problem  
☐ Slight difficulty  
☐ Severe difficulty  
☐ Totally unable  

E10. **Physical activity: getting on and off a bus, taxi, etc**  
☐ No problem  
☐ Slight difficulty  
☐ Severe difficulty  
☐ Totally unable  

E11. **Activity: sitting in a cross-legged position**  
☐ No problem  
☐ Slight difficulty  
☐ Severe difficulty  
☐ Totally unable  

E12. **Activity: doing one’s daily prayers**  
☐ No problem  
☐ Slight difficulty  
☐ Severe difficulty
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

F1. Have you ever had oral ulcer?

- No move to F4
- Yes

F2. If yes, did it have characteristics of aphtus?

- Yes
- No
- I do not know

F3. If yes, have you had any lesion like that in your genital area?

- Yes
- No
- I do not know

F4. Have you ever had any suppurative boil?

- Yes
- No

If yes, where was it?

- Face
- Trunk
- Extremities (limbs)

F5. Have you ever had any painful bulgy red lesion?

- Yes
- No
☐ I do not know

F₂. 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

G₁. Have you any treatment for pain, tenderness, swelling or stiffness in your joints, bones or muscles?
  ☐ No  if no, move to part G₄
  ☐ Yes

G₂. 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 …………

G3. 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
f. Physiotherapy

Was it helpful?
☐ Yes
☐ No
☐ Not sure

g. Surgeries

Were they helpful?
☐ Yes
☐ No
☐ Not sure

h. Special diets

Were they helpful?
☐ Yes
☐ No
☐ Not sure

i. Other remedies (name it)....

Were they helpful?
☐ Yes
☐ No
☐ Not sure

G. 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…

G5. 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

H1. Were the questions easy to understand?
☐ Yes
☐ No

H2. Do you have any comment on this questionnaire?
☐ Yes
☐ No

Thank you for your cooperation

Time interview finished ……….