Section 4000: Chronic Conditions and Health Services Coverage

Time Begin
Now I would like to read you questions about some health problems or health care needs that you may
have experienced, and the treatment or medical care that you may have received.

ARTHRITIS

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Q4001	Have you ever been diagnosed with/told you have <u>arthritis</u> (a disease of the joints, or by other names rheumatism or osteoarthritis)?	1	Yes No→	Q4003	
Q4002	Have you been taking medications or other treatment for it				
Q4002	Q4002aduring the last 2 weeks?	1	YES		
		2	No		
	Q4002bduring the last 12 months?	1	YES		
		2	No		
Q4003 Q4004	During the <u>last 12 months</u> , have you experienced, pain, aching, stiffness or swelling in or around the	1	YES		
	joints (like arms, hands, legs or feet) which were not related to an injury and lasted for more than a month?	2	No		
	During the <u>last 12 months</u> , have you experienced stiffness in the joint in the <u>morning after getting up</u>	1	Yes		
	from bed, or <u>after a long rest</u> of the joint without movement?	2	No→	Q4007	
If Q4003 a	If Q4003 and Q4004 are both "No" (that is, no symptoms of arthritis), skip to→				
Q4005	How long did this stiffness last?	1	About 30 minutes or less		
		2	More than 30 Minutes		
Q4006	Did this stiffness go away after exercise or movement in the joint?	1	YES		
		2	No		
Q4007	These symptoms that you have said you experienced in the last 12 months, have you experienced them in the last 2 weeks?	1	YES		
		2	No		
Q4008	Have you experienced <u>back pain</u> during <u>the last 30 days</u> ?	1	YES		
		2	No→	Q4010	
Q4009	On how many days did you have this back pain <u>during</u> the last 30 days?		DAYS		