

ID \_\_\_\_\_ 1-4/  
Adm# \_\_\_\_\_ 5-6/  
Card #1 7/\*

## ARTHRITIS IMPACT MEASUREMENT SCALES 2 (AIMS2)

Instructions: Please answer the following questions about your health. Most questions ask about your health during the past month. There are no right or wrong answers to the questions and most can be answered with a simple check (X). Please answer every question.

Please begin by providing the following information about yourself.

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
Number Street Apt#

\_\_\_\_\_ City State Zip

PHONE: \_\_\_\_\_ TODAY'S DATE: \_\_\_\_\_  
Area Code Number Month Day Year



Please check (X) the most appropriate answer for each question.

These questions refer to **HAND AND FINGER FUNCTION**.

<b>DURING THE PAST MONTH...</b>	All Days (1)	Most Days (2)	Some Days (3)	Few Days (4)	No Days (5)	
11. Could you easily write with a pen or pencil?	_____	_____	_____	_____	_____	18/
12. Could you easily button a shirt or blouse?	_____	_____	_____	_____	_____	19/
13. Could you easily turn a key in a lock?	_____	_____	_____	_____	_____	20/
14. Could you easily tie a knot or a bow?	_____	_____	_____	_____	_____	21/
15. Could you easily open a new jar of food?	_____	_____	_____	_____	_____	22/

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These questions refer to **ARM FUNCTION**.

<b>DURING THE PAST MONTH...</b>	All Days (1)	Most Days (2)	Some Days (3)	Few Days (4)	No Days (5)	
16. Could you easily wipe your mouth with a napkin?	_____	_____	_____	_____	_____	23/
17. Could you easily put on a pullover sweater?	_____	_____	_____	_____	_____	24/
18. Could you easily comb or brush your hair?	_____	_____	_____	_____	_____	25/
19. Could you easily scratch your low back with your hand?	_____	_____	_____	_____	_____	26/
20. Could you easily reach shelves that were above your head?	_____	_____	_____	_____	_____	27/

Please check (X) the most appropriate answer for each question.

These questions refer to **SELF-CARE TASKS**.

<b>DURING THE PAST MONTH...</b>	Always (1)	Very Often (2)	Sometimes (3)	Almost Never (4)	Never (5)	
21. Did you need help to take a bath or shower?	_____	_____	_____	_____	_____	28/
22. Did you need help to get dressed?	_____	_____	_____	_____	_____	29/
23. Did you need help to use the toilet?	_____	_____	_____	_____	_____	30/
24. Did you need help to get in or out of bed?	_____	_____	_____	_____	_____	31/

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These questions refer to **HOUSEHOLD TASKS**.

<b>DURING THE PAST MONTH...</b>	Always (1)	Very Often (2)	Sometimes (3)	Almost Never (4)	Never (5)	
25. If you had the necessary transportation, could you go shopping for groceries without help?	_____	_____	_____	_____	_____	32/
26. If you had kitchen facilities, could you prepare your own meals without help?	_____	_____	_____	_____	_____	33/
27. If you had household tools and appliances, could you do your own housework without help?	_____	_____	_____	_____	_____	34/
28. If you had laundry facilities, could you do your own laundry without help?	_____	_____	_____	_____	_____	35/





Please check (X) the most appropriate answer for each question.

These questions refer to **LEVEL OF TENSION**.

<b>DURING THE PAST MONTH...</b>	Always (1)	Very Often (2)	Sometimes (3)	Almost Never (4)	Never (5)	
48. How often have you felt tense or high strung?	_____	_____	_____	_____	_____	55/
49. How often have you been bothered by nervousness or your nerves?	_____	_____	_____	_____	_____	56/
50. How often were you able to relax without difficulty?	_____	_____	_____	_____	_____	57/
51. How often have you felt relaxed and free of tension?	_____	_____	_____	_____	_____	58/
52. How often have you felt calm and peaceful?	_____	_____	_____	_____	_____	59/
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These questions refer to **MOOD**.

<b>DURING THE PAST MONTH...</b>	Always (1)	Very Often (2)	Sometimes (3)	Almost Never (4)	Never (5)	
53. How often have you enjoyed the things you do?	_____	_____	_____	_____	_____	60/
54. How often have you been in low or very low spirits?	_____	_____	_____	_____	_____	61/
55. How often did you feel that nothing turned out the way you wanted it to?	_____	_____	_____	_____	_____	62/
56. How often did you feel that others would be better off if you were dead?	_____	_____	_____	_____	_____	63/
57. How often did you feel so down in the dumps that nothing would cheer you up?	_____	_____	_____	_____	_____	64/

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Please check (X) the most appropriate answer for each question.

These questions refer to **ARTHRITIS IMPACT ON EACH AREA OF HEALTH.**

<b>DURING THE PAST MONTH...</b>	Not A Problem For Me (0)	Due Entirely To Other Causes (1)	Due Largely To Other Causes (2)	Due Partly To Arthritis And Partly To Other Causes (3)	Due Largely To My Arthritis (4)	Due Entirely To My Arthritis (5)	
59. How much of your problem in each area of health was due to your arthritis?							
<b>MOBILITY LEVEL</b> (example: do errands)	_____	_____	_____	_____	_____	_____	8/
<b>WALKING AND BENDING</b> (example: climb stairs)	_____	_____	_____	_____	_____	_____	9/
<b>HAND AND FINGER FUNCTION</b> (example: tie a bow)	_____	_____	_____	_____	_____	_____	10/
<b>ARM FUNCTION</b> (example: comb hair)	_____	_____	_____	_____	_____	_____	11/
<b>SELF-CARE</b> (example: take bath)	_____	_____	_____	_____	_____	_____	12/
<b>HOUSEHOLD TASKS</b> (example: housework)	_____	_____	_____	_____	_____	_____	13/
<b>SOCIAL ACTIVITY</b> (example: visit friends)	_____	_____	_____	_____	_____	_____	14/
<b>SUPPORT FROM FAMILY</b> (example: help with problems)	_____	_____	_____	_____	_____	_____	15/
<b>ARTHRITIS PAIN</b> (example: joint pain)	_____	_____	_____	_____	_____	_____	16/
<b>WORK</b> (example: reduce hours)	_____	_____	_____	_____	_____	_____	17/
<b>LEVEL OF TENSION</b> (example: felt tense)	_____	_____	_____	_____	_____	_____	18/
<b>MOOD</b> (example: down in dumps)	_____	_____	_____	_____	_____	_____	19/

You have now answered questions about different AREAS OF YOUR HEALTH. These areas are listed below. Please check (X) UP to THREE AREAS in which you would **MOST LIKE TO SEE IMPROVEMENT**. Please read all 12 areas of health choices before making your decision:

check = 1  
blank = 0

60. AREAS OF HEALTH	THREE AREAS FOR IMPROVEMENT	
MOBILITY LEVEL (example: do errands)	_____	20/
WALKING AND BENDING (example: climb stairs)	_____	21/
HAND AND FINGER FUNCTION (example: tie a bow)	_____	22/
ARM FUNCTION (example: comb hair)	_____	23/
SELF-CARE (example: take bath)	_____	24/
HOUSEHOLD TASKS (example: housework)	_____	25/
SOCIAL ACTIVITY (example: visit friends)	_____	26/
SUPPORT FROM FAMILY (example: help with problems)	_____	27/
ARTHRITIS PAIN (example: joint pain)	_____	28/
WORK (example: reduce hours)	_____	29/
LEVEL OF TENSION (example: felt tense)	_____	30/
MOOD (example: down in dumps)	_____	31/

**Please make sure that you have checked no more than THREE AREAS for improvement.**

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Please check (X) the most appropriate answer for each question.

These questions refer to your **CURRENT** and **FUTURE HEALTH**.

		Excellent (1)	Good (2)	Fair (3)	Poor (4)	
61.	In general would you say that your HEALTH NOW is excellent, good, fair or poor?	_____	_____	_____	_____	64/

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		Very Satisfied (1)	Somewhat Satisfied (2)	Neither Satisfied Nor Dissatisfied (3)	Somewhat Dissatisfied (4)	Very Dissatisfied (5)	
62.	How satisfied are you with your HEALTH NOW?	_____	_____	_____	_____	_____	32/

		Not A Problem For Me (0)	Due Entirely To Other Causes (1)	Due Largely To Other Causes (2)	Due Partly To Arthritis And Partly To Other Causes (3)	Due Largely To My Arthritis (4)	Due Entirely To My Arthritis (5)	
63.	How much of your problem with your HEALTH NOW is due to your arthritis?	_____	_____	_____	_____	_____	_____	34/

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		Excellent (1)	Good (2)	Fair (3)	Poor (4)	
64.	In general do you expect that your HEALTH 10 YEARS FROM NOW will be excellent, good, fair or poor?	_____	_____	_____	_____	35/

		No Problem At All (1)	Minor Problem (2)	Moderate Problem (3)	Major Problem (4)	
65.	How big a problem do you expect your arthritis to be 10 YEARS FROM NOW?	_____	_____	_____	_____	36/

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Please check (X) the most appropriate answer for each question.

This question refers to **OVERALL ARTHRITIS IMPACT**.

	Very Well (1)	Well (2)	Fair (3)	Poor (4)	Very Poorly (5)	
66. CONSIDERING ALL THE WAYS THAT YOUR ARTHRITIS AFFECTS YOU, how well are you doing compared to other people your age?	_____	_____	_____	_____	_____	37/

67. What is the main kind of arthritis that you have?

check = 1  
blank = 0

Rheumatoid Arthritis \_\_\_\_\_ 38/

Osteoarthritis/Degenerative Arthritis \_\_\_\_\_ 39/

Systemic Lupus Erythematosus \_\_\_\_\_ 40/

Fibromyalgia \_\_\_\_\_ 41/

Scleroderma \_\_\_\_\_ 42/

Psoriatic Arthritis \_\_\_\_\_ 43/

Reiter's Syndrome \_\_\_\_\_ 44/

Gout \_\_\_\_\_ 45/

Low Back Pain \_\_\_\_\_ 46/

Tendonitis/Bursitis \_\_\_\_\_ 47/

Osteoporosis \_\_\_\_\_ 48/

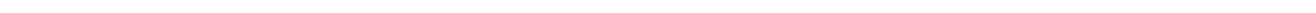
Other \_\_\_\_\_ 49/

68. How many years have you had arthritis? \_\_\_\_\_ 50-51/

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	All Days (1)	Most Days (2)	Some Days (3)	Few Days (4)	No Days (5)	
<b>DURING THE PAST MONTH...</b>						

69. How often have you had to take MEDICATION for your arthritis? \_\_\_\_\_ 52/



Please check (X) yes or no for each question.

70. Is your health currently affected by any of the following medical problems?

	Yes (1)	No (2)	
High blood pressure _____	_____	_____	53/
Heart disease _____	_____	_____	54/
Mental illness _____	_____	_____	55/
Diabetes _____	_____	_____	56/
Cancer _____	_____	_____	57/
Alcohol or drug use _____	_____	_____	58/
Lung disease _____	_____	_____	59/
Kidney disease _____	_____	_____	60/
Liver disease _____	_____	_____	61/
Ulcer or other stomach disease _____	_____	_____	62/
Anaemia or other blood disease _____	_____	_____	63/

Yes  
(1)      No  
(2)

71. Do you take medicine every day for any problem other than your arthritis?	_____	_____	64/
72. Did you see a doctor more than three times last year for any problem other than arthritis?	_____	_____	65/

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Please provide the following information about yourself:

73. What is your age at this time? \_\_\_\_\_ 66-67/

74. What is your sex?

Male (1) \_\_\_\_\_ 68/  
 Female (2) \_\_\_\_\_

75. What is your racial background?

White (1) \_\_\_\_\_ 69/  
 Black (2) \_\_\_\_\_  
 Hispanic (3) \_\_\_\_\_  
 Asian or Pacific Islander (4) \_\_\_\_\_  
 American Indian or Alaskan Native (5) \_\_\_\_\_  
 Other (6) \_\_\_\_\_

76. What is your current marital status?

Married (1) \_\_\_\_\_ 70/  
 Separate (2) \_\_\_\_\_  
 Divorced (3) \_\_\_\_\_  
 Widowed (4) \_\_\_\_\_  
 Never married (5) \_\_\_\_\_

77. What is the highest level of education you received? \_\_\_\_\_ 71/

Less than seven years of school (1) \_\_\_\_\_  
 Grades seven through nine (2) \_\_\_\_\_  
 Grades ten through eleven (3) \_\_\_\_\_  
 High school graduate (4) \_\_\_\_\_  
 One to four years of college (5) \_\_\_\_\_  
 College graduate (6) \_\_\_\_\_  
 Professional or graduate school (7) \_\_\_\_\_

78. What is your approximate family income including wages, disability payment, retirement income and welfare? \_\_\_\_\_ 72/

Less than \$10,000 (1) \_\_\_\_\_  
 \$10,000-\$19,999 (2) \_\_\_\_\_  
 \$20,000-\$29,999 (3) \_\_\_\_\_  
 \$30,000-\$39,999 (4) \_\_\_\_\_  
 \$40,000-\$49,999 (5) \_\_\_\_\_  
 \$50,000-\$59,999 (6) \_\_\_\_\_  
 \$60,000-\$69,999 (7) \_\_\_\_\_  
 More than \$70,000 (8) \_\_\_\_\_

**Thank you for completing this questionnaire.**

