AIMS-2 SF
ARTHRITIS IMPACT MEASUREMENT
SCALES 2 Short Form

INSTRUCTIONS : Please answer the following questions about your health.
Most questions ask about your health during the past 4 weeks.

There are no right or wrong answers to the questions and most can be answered with a simple check (✓).
Please answer every question.

DURING THE PAST 4 WEEKS ...	**All days**	**Most days**	**Some days**	**Fews days**	**No days**
1. How often were you physically able to drive a car or use public transportation?	❑	❑	❑	❑	❑
2. How often were you in a bed or chair for most or all of the days ?	❑	❑	❑	❑	❑
3. Did you have trouble doing vigorous activities such as running, lifting heavy objects, or participating in strenuous sports ?	❑	❑	❑	❑	❑
4. Did you have trouble either walking several blocks or climbing a few flights of stairs ?	❑	❑	❑	❑	❑
5. Were you unable to walk unless assisted by another person of by a cane, crutches, or walker ?	❑	❑	❑	❑	❑
6. Could you easily write with a pen or pencil ?	❑	❑	❑	❑	❑
7. Could you easily button a shirt or blouse ?	❑	❑	❑	❑	❑
8. Could you easily turn a key in a lock ?	❑	❑	❑	❑	❑
9. Could you easily comb or brush your hair ?	❑	❑	❑	❑	❑
10. Could you easily reach shelves that were above your head ?	❑	❑	❑	❑	❑
11. Did you need help to get dressed ?	❑	❑	❑	❑	❑
12. Did you need help to get in or out of bed ?	❑	❑	❑	❑	❑

AIMS2 SF 1.3 - Quality of Life Group in Rheumatology, France 1995. Arthritis & Rheumatism 1997; 40: 1267-74
Adaptation from AIMS2 - R. Meenan - Boston, Ms

DURING THE PAST 4 WEEKS	**All days**	**Most days**	**Some days**	**Few days**	**No days**
13. How often did you have severe pain from you arthritis ?	❑	❑	❑	❑	❑
14. How often did your morning stiffness last more than one hour from the time you woke up ?	❑	❑	❑	❑	❑
15. How often did your pain make it difficult for you to sleep ?	❑	❑	❑	❑	❑
	Always	**Very often**	**Some times**	**Almost never**	**Never**
16. How often have you felt tense of high strung ?	❑	❑	❑	❑	❑
17. How often have you been bothered by nervousness or your nerves ?	❑	❑	❑	❑	❑
18. How often have you been in low or very low spirits ?	❑	❑	❑	❑	❑
19. How often have you enjoyed the things you do ?	❑	❑	❑	❑	❑
20. How often did you feel a burden to others ?	❑	❑	❑	❑	❑
	All days	**Most days**	**Some days**	**Few days**	**No days**
21. How often did you get together with friends or relatives ?	❑	❑	❑	❑	❑
22. How often were your on the telephone with close friends or relatives ?	❑	❑	❑	❑	❑
23. How often did you go to a meeting of a church, club, team or other group ?	❑	❑	❑	❑	❑
24. Did you feel that your family or friends were sensitive to your personal needs ?	❑	❑	❑	❑	❑
If you are unemployed, disabled or retired, END of questionnaire.	**All days**	**Most days**	**Some days**	**Few days**	**No days**
25. How often were you unable to do any paid work, house work or school work ?	❑	❑	❑	❑	❑
26. On the days that you did work, how often did you have to work a shorter day ?	❑	❑	❑	❑	❑