



This survey will help us know what programs to offer to keep our patients healthy. Your answers are ANONYMOUS. Thank you very much!

What Diagnosis/ Diagnoses are you being seen for today (check all that apply) ?

Rheumatoid Arthritis Lupus Psoriatic Arthritis Osteoarthritis Fibromyalgia Ankylosing Spondylitis Sjogrens Syndrome Other

In general, how's your health? excellent | very good | good | fair | poor

Thinking about your physical health, which includes physical illness and injury, for how many days during the past 30 days was your physical health NOT good? _____ NUMBER OF DAYS FROM 0 to 30

Now thinking about your mental health, which includes stress, depression, and problems with emotions, for how many days during the past 30 days was your mental health NOT good? _____ DAYS FROM 0 to 30

By yourself, and without using any special equipment, how difficult is it for you to...

	Not difficult at all	Only a little difficult	Somewhat difficult	Very difficult	Can't do it at all
Walk a quarter of a mile – about 3 city blocks?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Lift or carry something as heavy as 10 pounds?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

How many days during THE PAST WEEK did you perform physical activities where your heart beats faster and your breathing is harder than normal for 30 minutes or more? _____ NUMBER OF DAYS FROM 0 to 7

How many days during THE PAST WEEK did you perform physical activities specifically designed to strengthen your muscles such as lifting weights or doing calisthenics? _____ NUMBER OF DAYS FROM 0 to 7

Do you smoke cigarettes every day? yes | no?

Have you ever been told by a doctor that you had?

Diabetes?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
High cholesterol?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Hypertension (high blood pressure)?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
A heart attack or coronary artery disease?	<input type="checkbox"/> YES	<input type="checkbox"/> NO

PLEASE TURN THIS OVER TO ANSWER A FEW MORE QUESTIONS

These questions will help us understand what programs to offer to our patients and advocate for.

Would you consider participating in any of the following?

Doing a short (5 km or less) walk or run regularly with others who had had arthritis?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
A group program to increase your muscle strength?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
A regular fitness program where people your own age played games, that were made to be easier to play and less competitive?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
A focus group that can brainstorm about new ideas to increase fitness in arthritis patients ?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Learning about and following a diet to improve your health?	<input type="checkbox"/> YES	<input type="checkbox"/> NO

What is your age? _____ years

How tall are you without shoes? _____ feet | _____ inches

How much do you weigh without clothes or shoes? _____ pounds

What is your gender? female | male

Are you Hispanic or Latino? yes | no

Do you do any paid work? yes | no

Which one of the following best describes your race?

White | Black or African-American | Asian, Hawaiian or Pacific Islander | Other

What is the highest grade or year of school you completed?

Did not graduate high school | Grade 12 or GED (High school graduate) | College 1 year to 3 years (some college) | College 4 years or more (college graduate)

WHEN FINISHED, PLEASE FOLD AND PLACE IN THE SURVEY BOX. THANK YOU!!