MISCELLANEOUS PAIN - MPQ

MPQ.010 During the past 12 months, (have you/has SP) had pain, aching, stiffness or swelling in or around a joint? [Do not include neck pain.]

YES .................................................. 1
NO .................................................. 2 (MPQ.060)
REFUSED ........................................... 7 (MPQ.060)
DON'T KNOW ................................. 9 (MPQ.060)

MPQ.020 Were these symptoms present on most days for at least 1 month?

YES .................................................. 1
NO .................................................. 2
REFUSED ........................................... 7
DON'T KNOW ................................. 9

MPQ.030 Did these symptoms begin only because of an injury?

YES .................................................. 1
NO .................................................. 2 (MPQ.050)
REFUSED ........................................... 7 (MPQ.050)
DON'T KNOW ................................. 9 (MPQ.050)

MPQ.040 How many weeks or months, in the past year, did (you/SP) have joint symptoms due to an injury?

|___|___|
Enter number (of weeks or months)

REFUSED ........................................... 77
DON'T KNOW ................................. 99

Enter unit

WEEKS ........................................... 1
MONTHS ............................................ 2
REFUSED ........................................... 7
DON'T KNOW ................................. 9
MPQ.050 Please look at this card and give me the joints that were affected.

CODE ALL THAT APPLY.

HAND CARD MPQ1

SHOULDER - RIGHT ................ 10
SHOULDER - LEFT .................. 11
ELBOW - RIGHT .................... 12
ELBOW - LEFT ..................... 13
HIP - RIGHT ........................ 14
HIP - LEFT ........................ 15
WRIST - RIGHT .................... 16
WRIST - LEFT ..................... 17
KNEE - RIGHT ..................... 18
KNEE - LEFT ........................ 19
ANKLE - RIGHT .................... 20
ANKLE - LEFT ..................... 21
TOES - RIGHT ..................... 22
TOES - LEFT ........................ 23
FINGERS/THUMB - RIGHT ............ 24
FINGERS/THUMB - LEFT ............. 25
OTHER (SPECIFY) .................. 26
REFUSED ........................... 77
DON'T KNOW ....................... 99

MPQ.060 The following questions are about pain (you/SP) may have experienced in the past 3 months. Please refer to pain that lasted a whole day or more. Do not report aches and pains that were fleeting or minor.

During the past 3 months, did (you/SP) have neck pain?

YES .............................. 1
NO .............................. 2
REFUSED ........................... 7
DON'T KNOW ....................... 9

MPQ.070 During the past 3 months, did (you/SP) have low back pain?

YES .............................. 1
NO .............................. 2 (MPQ.090)
REFUSED ........................... 7 (MPQ.090)
DON'T KNOW ....................... 9 (MPQ.090)

MPQ.080 Did this pain spread down either leg to areas below the knees?

YES .............................. 1
NO .............................. 2
REFUSED ........................... 7
DON'T KNOW ....................... 9
MPQ.090  During the **past 3 months**, did {you/SP} have severe headaches or migraines?

<table>
<thead>
<tr>
<th>Response</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>YES</td>
<td>1</td>
</tr>
<tr>
<td>NO</td>
<td>2</td>
</tr>
<tr>
<td>REFUSED</td>
<td>7</td>
</tr>
<tr>
<td>DON'T KNOW</td>
<td>9</td>
</tr>
</tbody>
</table>

MPQ.100  During the **past month**, {have you/has SP} had a problem with pain that lasted *more than 24 hours*?

<table>
<thead>
<tr>
<th>Response</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>YES</td>
<td>1</td>
</tr>
<tr>
<td>NO</td>
<td>2</td>
</tr>
<tr>
<td>REFUSED</td>
<td>7</td>
</tr>
<tr>
<td>DON'T KNOW</td>
<td>9</td>
</tr>
</tbody>
</table>

MPQ.110  For how long {have you/has SP} experienced this pain? Would you say . . .

<table>
<thead>
<tr>
<th>Duration</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>less than a month</td>
<td>1</td>
</tr>
<tr>
<td>at least 1 month but less than 3 months</td>
<td>2</td>
</tr>
<tr>
<td>at least 3 months but less than 1 year, or . .</td>
<td>3</td>
</tr>
<tr>
<td>greater than 1 year?</td>
<td>4</td>
</tr>
<tr>
<td>REFUSED</td>
<td>7</td>
</tr>
<tr>
<td>DON'T KNOW</td>
<td>9</td>
</tr>
</tbody>
</table>

MPQ.120  Regarding {your/SP’s} pain problem, which regions are affected?

**CODE ALL THAT APPLY**

HAND CARD MPQ2

<table>
<thead>
<tr>
<th>Region</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>HEAD</td>
<td>10</td>
</tr>
<tr>
<td>FACE/DENTAL</td>
<td>11</td>
</tr>
<tr>
<td>SHOULDER GIRDLE - RIGHT</td>
<td>12</td>
</tr>
<tr>
<td>SHOULDER GIRDLE - LEFT</td>
<td>13</td>
</tr>
<tr>
<td>UPPER ARM - RIGHT</td>
<td>14</td>
</tr>
<tr>
<td>UPPER ARM - LEFT</td>
<td>15</td>
</tr>
<tr>
<td>MID-ARM - RIGHT</td>
<td>16</td>
</tr>
<tr>
<td>MID-ARM - LEFT</td>
<td>17</td>
</tr>
<tr>
<td>LOWER ARM - RIGHT</td>
<td>18</td>
</tr>
<tr>
<td>LOWER ARM - LEFT</td>
<td>19</td>
</tr>
<tr>
<td>UPPER BACK - RIGHT</td>
<td>20</td>
</tr>
<tr>
<td>UPPER BACK - LEFT</td>
<td>21</td>
</tr>
<tr>
<td>LOWER BACK - RIGHT</td>
<td>22</td>
</tr>
<tr>
<td>LOWER BACK - LEFT</td>
<td>23</td>
</tr>
<tr>
<td>BUTTOCKS - RIGHT</td>
<td>24</td>
</tr>
<tr>
<td>BUTTOCKS - LEFT</td>
<td>25</td>
</tr>
<tr>
<td>UPPER LEG - RIGHT</td>
<td>26</td>
</tr>
<tr>
<td>UPPER LEG - LEFT</td>
<td>27</td>
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<tr>
<td>MID-LEG - RIGHT</td>
<td>28</td>
</tr>
<tr>
<td>MID-LEG - LEFT</td>
<td>29</td>
</tr>
<tr>
<td>LOWER LEG - RIGHT</td>
<td>30</td>
</tr>
<tr>
<td>LOWER LEG - LEFT</td>
<td>31</td>
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<tr>
<td>NECK</td>
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<tr>
<td>STERNUM</td>
<td>33</td>
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<td>CHEST - RIGHT</td>
<td>34</td>
</tr>
<tr>
<td>CHEST - LEFT</td>
<td>35</td>
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<tr>
<td>Location</td>
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<tr>
<td>---------------</td>
<td>------</td>
</tr>
<tr>
<td>ABDOMEN</td>
<td>36</td>
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<tr>
<td>SPINE</td>
<td>37</td>
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<tr>
<td>HAND - RIGHT</td>
<td>38</td>
</tr>
<tr>
<td>HAND - LEFT</td>
<td>39</td>
</tr>
<tr>
<td>FOOT - RIGHT</td>
<td>40</td>
</tr>
<tr>
<td>FOOT - LEFT</td>
<td>41</td>
</tr>
<tr>
<td>REFUSED</td>
<td>77</td>
</tr>
<tr>
<td>DON'T KNOW</td>
<td>99</td>
</tr>
</tbody>
</table>