

2003-04 Questionnaire

MISCELLANEOUS PAIN - MPQ_C

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
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?

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

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

- YES 1
- NO 2 (END OF SECTION)
- REFUSED 7 (END OF SECTION)
- DON'T KNOW..... 9 (END OF SECTION)

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

- less than a month, 1
- at least 1 month but less than 3 months, 2
- at least 3 months but less than 1 year, or 3
- greater than 1 year? 4
- REFUSED 7
- DON'T KNOW..... 9

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

CODE ALL THAT APPLY

HAND CARD MPQ2

HEAD.....	10
FACE/DENTAL.....	11
SHOULDER GIRDLE - RIGHT	12
SHOULDER GIRDLE - LEFT	13
UPPER ARM - RIGHT	14
UPPER ARM - LEFT	15
MID-ARM - RIGHT.....	16
MID-ARM - LEFT	17
LOWER ARM - RIGHT	18
LOWER ARM - LEFT.....	19
UPPER BACK - RIGHT	20
UPPER BACK - LEFT.....	21
LOWER BACK - RIGHT	22
LOWER BACK - LEFT.....	23
BUTTOCKS - RIGHT.....	24
BUTTOCKS - LEFT	25
UPPER LEG - RIGHT.....	26
UPPER LEG - LEFT	27
MID-LEG - RIGHT	28
MID-LEG - LEFT.....	29
LOWER LEG - RIGHT	30
LOWER LEG - LEFT	31
NECK.....	32
STERNUM.....	33
CHEST - RIGHT	34
CHEST - LEFT.....	35
ABDOMEN	36
SPINE.....	37
HAND - RIGHT	38
HAND - LEFT	39
FOOT - RIGHT	40
FOOT - LEFT.....	41
REFUSED	77
DON'T KNOW.....	99