

Stiffness Impact

Please respond to each question or statement by marking one box per row.

| | | Never | Rarely | Sometimes | Often | Always |
|----------------|---|-------------------------------|-------------------------------|-------------------------------|-------------------------------|-------------------------------|
| StiffImpact01 | In the past 7 days, how often was it very easy for you to move your legs or arms quickly? | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |
| StiffImpact03 | In the past 7 days, how often were your joints very stiff when you woke up? | <input type="checkbox"/> 5 | <input type="checkbox"/> 4 | <input type="checkbox"/> 3 | <input type="checkbox"/> 2 | <input type="checkbox"/> 1 |
| StiffImpact04 | In the past 7 days, how often could you move your legs or arms quickly?.. | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |
| StiffImpact05 | In the past 7 days, how often did it take you a while to get out of bed because of stiffness? | <input type="checkbox"/> 5 | <input type="checkbox"/> 4 | <input type="checkbox"/> 3 | <input type="checkbox"/> 2 | <input type="checkbox"/> 1 |
| StiffImpact07 | In the past 7 days, how often were your joints very stiff during the day? | <input type="checkbox"/> 5 | <input type="checkbox"/> 4 | <input type="checkbox"/> 3 | <input type="checkbox"/> 2 | <input type="checkbox"/> 1 |
| StiffImpact08 | In the past 7 days, how often were your joints so stiff during the day that you could not move? | <input type="checkbox"/> 5 | <input type="checkbox"/> 4 | <input type="checkbox"/> 3 | <input type="checkbox"/> 2 | <input type="checkbox"/> 1 |
| StiffImpact09 | In the past 7 days, how often was it very easy for you to move your legs or arms? | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |
| StiffImpact010 | In the past 7 days, how often did you wake up so stiff that you could not move? | <input type="checkbox"/> 5 | <input type="checkbox"/> 4 | <input type="checkbox"/> 3 | <input type="checkbox"/> 2 | <input type="checkbox"/> 1 |
| StiffImpact011 | In the past 7 days, how often did stiffness prevent you from getting out of bed? | <input type="checkbox"/> 5 | <input type="checkbox"/> 4 | <input type="checkbox"/> 3 | <input type="checkbox"/> 2 | <input type="checkbox"/> 1 |

ASCQ-Me v2.0 Stiffness Impact – Item Bank

| | | Never | Rarely | Sometimes | Often | Always |
|----------------|--|-------------------------------|-------------------------------|-------------------------------|-------------------------------|-------------------------------|
| StiffImpact013 | In the past 7 days, how often was it impossible for you to move your legs or arms quickly? | <input type="checkbox"/> 5 | <input type="checkbox"/> 4 | <input type="checkbox"/> 3 | <input type="checkbox"/> 2 | <input type="checkbox"/> 1 |
| StiffImpact015 | How often did it take you a very long time to get out of bed because of stiffness? | <input type="checkbox"/> 5 | <input type="checkbox"/> 4 | <input type="checkbox"/> 3 | <input type="checkbox"/> 2 | <input type="checkbox"/> 1 |
| | | Not at all | A little | Somewhat | Quite | Very |
| StiffImpact06 | How easy was it for you to move your legs or arms quickly?..... | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |
| StiffImpact012 | How hard was it for you to move your legs or arms?..... | <input type="checkbox"/> 5 | <input type="checkbox"/> 4 | <input type="checkbox"/> 3 | <input type="checkbox"/> 2 | <input type="checkbox"/> 1 |
| StiffImpact014 | How easy was it for you to move your legs or arms?..... | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |
| | | Not at all | A little bit | Somewhat | Quite a bit | Very much |
| StiffImpact02 | How stiff were your joints during the day?..... | <input type="checkbox"/> 5 | <input type="checkbox"/> 4 | <input type="checkbox"/> 3 | <input type="checkbox"/> 2 | <input type="checkbox"/> 1 |