

Stiffness Impact - Short Form

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

		Never	Rarely	Sometimes	Often	Always
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
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
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
StiffImpact015	In the past 7 days, 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