

Please tell us your age: Years

And are you: Male Female

How many years of school have you completed? Please X the box to the left of the number of years of school you have had.

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17+ _____
-----Grade School----- -----High School----- -----College----- Post college or Other

Please tell us your ethnic background: White, not of hispanic origin Asian or Pacific Islander American Indian or Alaska Native
 Black, not of hispanic origin Hispanic Other

Current marital status? Never Married Separated Widowed Remarried after divorce
(check one) Married Divorced Remarried after death of spouse

Currently, what is your main form of work? Paid Work Housework Student Retired Unemployed Disabled
(mark only one)

Did you ever stop working permanently or retire early because of your arthritis or other pain? Yes No

In your lifetime have you EVER received Social Security Disability (Medicare disability) payments?
This is NOT the same as Social Security retirement. This is a payment because you are disabled. Yes No

CURRENT HEALTH PROBLEMS

Please put an X in the first column if you have this problem now. If you have had the problem in the past, put an X in the second column.

Health Problem	I have had this in the last 6 months	I had this problem in the past	Health Problem	I have had this in the last 6 months	I had this problem in the past
High blood pressure	<input type="checkbox"/>	<input type="checkbox"/>	Cataract	<input type="checkbox"/>	<input type="checkbox"/>
Heart Attack	<input type="checkbox"/>	<input type="checkbox"/>	Asthma	<input type="checkbox"/>	<input type="checkbox"/>
Other heart condition	<input type="checkbox"/>	<input type="checkbox"/>	Severe allergies	<input type="checkbox"/>	<input type="checkbox"/>
Stroke	<input type="checkbox"/>	<input type="checkbox"/>	Liver problem	<input type="checkbox"/>	<input type="checkbox"/>
Depression	<input type="checkbox"/>	<input type="checkbox"/>	Gallbladder problem	<input type="checkbox"/>	<input type="checkbox"/>
Mental Illness	<input type="checkbox"/>	<input type="checkbox"/>	Ulcers	<input type="checkbox"/>	<input type="checkbox"/>
Diabetes	<input type="checkbox"/>	<input type="checkbox"/>	Other stomach problem	<input type="checkbox"/>	<input type="checkbox"/>
Cancer	<input type="checkbox"/>	<input type="checkbox"/>	Neurological problem (like seizures, Parkinson's disease, multiple sclerosis, etc.)	<input type="checkbox"/>	<input type="checkbox"/>
Alcohol or drug problem	<input type="checkbox"/>	<input type="checkbox"/>	Fractures of the spine/hip/leg	<input type="checkbox"/>	<input type="checkbox"/>
Kidney problem	<input type="checkbox"/>	<input type="checkbox"/>	Thyroid or endocrine disorder	<input type="checkbox"/>	<input type="checkbox"/>
Lung problem	<input type="checkbox"/>	<input type="checkbox"/>	Problems with prostate (men)	<input type="checkbox"/>	<input type="checkbox"/>
			Uterus, ovaries, etc. (women)	<input type="checkbox"/>	<input type="checkbox"/>



If you are stiff when you get up in the morning, about how long does the stiffness last?

- No stiffness Less than 30 min 30 min - 1 hr 1-2 hrs 2-4 hrs 4-8 hrs More than 8 hrs

During the PAST 6 MONTHS have you had any of the following symptoms?

If none apply, place an X here:

MUSCULOSKELETAL

- Swelling of hands, legs, feet or ankles (not due to arthritis)
- Joint pain
- Numbness/tingling/burning
- Joint swelling
- Low back pain
- Muscle pain
- Weakness of muscles
- Neck pain

GASTROINTESTINAL TRACT

- Loss of appetite
- Nausea Vomiting
- Heartburn
- Indigestion or belching
- Pain or discomfort in upper abdomen (stomach)
- Liver problems
- Pain or cramps in lower abdomen (colon)
- Diarrhea (frequent, explosive watery bowel movements, severe)
- Constipation
- Black or tarry stools (not from iron)
- Irritable bowel syndrome

SKIN

- Yellow skin or eyes (jaundice)
- Easy bruising
- Hives or welts
- Loss of hair
- Itching
- Red, white and blue skin color changes in fingers on exposure to cold or with emotional upset
- Rash
- Fluid-filled blisters
- Sun sensitivity (unusual skin reaction, not sunburn)

HEAD, EYES, EARS, NOSE, MOUTH, THROAT

- Blurred vision or problems focusing
- Dry eyes
- Ringing in ears
- Hearing difficulties
- Mouth sores
- Dry mouth
- Loss, change in taste
- Headache
- Dizziness
- Faintness
- Fever

NEUROLOGICAL AND PSYCHOLOGICAL

- Trouble thinking or remembering
- Depression
- Insomnia
- Nervousness
- Seizures or convulsions
- Tiredness (fatigue)

CHEST, LUNGS AND HEART

- Wheezing (asthma)
- Chest pain
- Shortness of breath

URINE AND KIDNEYS

- Protein in the urine
- Blood in the urine
- Other kidney problems

BLOOD

- Low white count
- Low platelets
- Low red blood count (anemia)



