

8. Needing help How often have you needed help from others (including family, friends or carers) because of your joint or muscle symptoms in the last 2 weeks?	Not at all <input type="checkbox"/>	Rarely <input type="checkbox"/>	Sometimes <input type="checkbox"/>	Frequently <input type="checkbox"/>	All the time <input type="checkbox"/>		
9. Sleep How often have you had trouble with either falling asleep or staying asleep because of your joint or muscle symptoms in the last 2 weeks?	Not at all <input type="checkbox"/>	Rarely <input type="checkbox"/>	Sometimes <input type="checkbox"/>	Frequently <input type="checkbox"/>	Every night <input type="checkbox"/>		
10. Fatigue or low energy How much fatigue or low energy have you felt in the last 2 weeks?	Not at all <input type="checkbox"/>	Slight <input type="checkbox"/>	Moderate <input type="checkbox"/>	Severe <input type="checkbox"/>	Extreme <input type="checkbox"/>		
11. Emotional well-being How much have you felt anxious or low in your mood because of your joint or muscle symptoms in the last 2 weeks?	Not at all <input type="checkbox"/>	Slightly <input type="checkbox"/>	Moderately <input type="checkbox"/>	Severely <input type="checkbox"/>	Extremely <input type="checkbox"/>		
12. Understanding of your condition and any current treatment Thinking about your joint or muscle symptoms, how well do you feel you understand your condition and any current treatment (including your diagnosis and medication)?	Completely <input type="checkbox"/>	Very well <input type="checkbox"/>	Moderately <input type="checkbox"/>	Slightly <input type="checkbox"/>	Not at all <input type="checkbox"/>		
13. Confidence in being able to manage your symptoms How confident have you felt in being able to manage your joint or muscle symptoms by yourself in the last 2 weeks (e.g. medication, changing lifestyle)?	Extremely <input type="checkbox"/>	Very <input type="checkbox"/>	Moderately <input type="checkbox"/>	Slightly <input type="checkbox"/>	Not at all <input type="checkbox"/>		
14. Overall impact How much have your joint or muscle symptoms bothered you overall in the last 2 weeks?	Not at all <input type="checkbox"/>	Slightly <input type="checkbox"/>	Moderately <input type="checkbox"/>	Very much <input type="checkbox"/>	Extremely <input type="checkbox"/>		
15. Physical activity levels In the past week , on how many days have you done a total of 30 minutes or more of physical activity, which was enough to raise your heart rate? <i>This may include sport, exercise and brisk walking or cycling for recreation or to get to and from places, but should not include housework or physical activity that is part of your job.</i>							
None <input type="checkbox"/>	1 day <input type="checkbox"/>	2 days <input type="checkbox"/>	3 days <input type="checkbox"/>	4 days <input type="checkbox"/>	5 days <input type="checkbox"/>	6 days <input type="checkbox"/>	7 days <input type="checkbox"/>

Finally, please check back that you have answered each question. Thank you very much.