

HEPAIN

Are you often troubled with pain?

1 Yes

2 No

IF whether often troubled with pain = yes [HePain = 1]

HEPAA

How bad is the pain most of the time? Is it...

INTERVIEWER: Read out...

INTERVIEWER: Include people who experience intermittent pain often.

1 mild,

2 moderate,

3 or, severe

IF pain is moderate or severe most of the time = yes [HePaa = 2,3]

HEPAG

How long has the pain been bothering you? Has it been...

1 less than 3 months

2 more than 3 months, but less than 6 months

3 more than 6 months, but less than 12 months

4 or more than 12 months?

IF length of time pain has been bothering = less than 12 months [HePag = 1,2,3]

HEPAJ

Are you currently receiving any treatment for your pain?

1 Yes

2 No

IF currently receiving treatment for pain [HePaj = Yes]

HEPAK3

How well does the treatment control your pain?

INTERVIEWER: Read out...

1 Very well

2 Fairly well

3 Not very well

4 Not at all

END OF FILTER

END OF FILTER

END OF FILTER

HePaWh@

SHOW CARD C10

In which parts of the body do you feel pain?

CODE ALL THAT APPLY."

- 1 Back
- 2 Hips
- 3 Knees
- 4 Feet
- 5 Mouth/teeth
- 6 Other
- 7 All over

[Multiple responses to HePaWh are recoded in variables hepawba hepawhi hepawkn hepawfe hepawmo hepawot hepawal]

HEPAB

How would you rate your pain if you were walking on a flat surface?

Please rate your pain from 0-10 for each of the following where 0 is no pain and 10 is severe or excruciating pain, as bad as you can imagine.

- 1 Press <1> and enter to continue
- 2 Can't walk or never walks

IF rating pain when walking = can't walk (HEPab = CantW)

HePab1

Interviewer check whether ever walks on a flat surface – include across their room at home, even if they only walk very slowly. Only code 1 if they say no

- 1 Confirms never walks or cannot walk
- 2 Does sometimes walk on a flat surface

END OF FILTER

IF rating pain when walking = continue [HePab = 1]

HEBCK

(How would you rate the pain) in your back?

PROMPT IF NECESSARY: 'Where 0 is no pain and 10 is severe or excruciating pain, as bad as you can imagine'.

Range: 0..10

HEHIP

(How would you rate the pain) in your hips?

PROMPT IF NECESSARY: 'Where 0 is no pain and 10 is severe or excruciating pain, as bad as you can imagine'.

Range: 0..10

HEKNE

(How would you rate the pain) in your knees?

PROMPT IF NECESSARY: 'Where 0 is no pain and 10 is severe or excruciating pain, as bad as you can imagine'.

Range: 0..10

HEFET

(How would you rate the pain) in your feet?

PROMPT IF NECESSARY: 'Where 0 is no pain and 10 is severe or excruciating pain, as bad as you can imagine'.

Range: 0..10

END OF FILTER

END OF FILTER

IF (knee pain rating = [1 .. 10] AND (type of arthritis = osteoarthritis)

HEKNEA

How long has the pain in your knee been bothering you? Has it been...

- 1 less than 3 months,
- 2 more than 3 months but less than 6 months,
- 3 more than 6 months, but less than 12 months,
- 4 or more than 12 months?

IF length of knee pain = more than 3 months [HeKnea = 2 - 4]

HEKNEB

Has a doctor or nurse suggested physiotherapy or that you attend a supervised exercise program for your knee pain?

- 1 Yes
- 2 No

*IF whether exercise / physiotherapy has been recommended for knee pain = yes
[HeKneb = 1]*

HEKNEC

Did you see a physiotherapist or attend a supervised exercise program for your knee pain?

- 1 Yes
- 2 No

END OF FILTER

END OF FILTER

END OF FILTER

IF length of knee pain = more than 6 months and (type of arthritis = osteoarthritis) and knee pain rating = 6 or above. [IF HeKnea IN moresi..moretw and Osteo in HeArt and HeKne > 5.]

HeKned

Have you done any other type of exercise to control your knee pain?"

- 1 Yes
- 2 No

END OF FILTER

If knee pain rating = 6 or above or hip pain rating = 6 or above and type of arthritis = osteoarthritis and hip pain rating = 6 or above

HeHipA

How long has the pain in your hips been bothering you? Has it been..."

- 1 less than 3 months,
- 2 more than 3 months but less than 6 months,
- 3 more than 6 months, but less than 12 months,
- 4 or more than 12 months?

HeHipB

Have you done any exercise to control your hip pain?

INTERVIEWER: This includes both supervised and unsupervised exercise.

- 1 Yes
- 2 No

If done exercise for hip pain = 1 [If HeHipB = 1]

HePMed

Are you taking any medication for your ^[knee / hip] pain?

- 1 Yes
- 2 No

HeKneF@

Does your treatment, whether medication or exercise, control your knee pain?

- 1 Yes
- 2 No

HeHipC

Does your treatment, whether medication or exercise, control your hip pain?

- 1 Yes
- 2 No

If taking medication for knee / hip pain = no [IF HePMed = 2]

HepSur@

Has a doctor or surgeon recommended that you should have surgery or joint replacement?

- 1 Yes
- 2 No

If surgery recommended = yes If HepSur = 1

HepOrth@

Did you see an orthopaedic specialist?

- 1 Yes
- 2 No

END OF FILTER

END OF FILTER

END OF FILTER

END OF FILTER

HEANINT@