

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 = yes [HePaj = 1]

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 C9

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 = 2]

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) [(HEKne = [1..10]) AND (HeArt=1)])

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 = 2,3,4]

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)

[HeKnea =2,3 AND HeArt=1 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) [(HeKne = [6..10] OR HeHip= [6..10]) AND (HeArt = 1) AND (HeHip IN [6..10])]

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 [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 [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 [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 to HEHRTMD removed
HEROSMD to HERPJ removed
HECDA to HECDF removed