

ATTACHMENT 10.

INFLAMMATORY ARTHRITIS – ARQ

Target Group: NHANES Participants 20-69 Years

OMB no. 0920-0237

Expires: 11/30/2009

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These next questions are about pain in the back, neck or hip area that {you/SP} may have had.

ARQ.010 Have {you/SP} **ever** had pain, aching or stiffness in your back, neck, buttock or hip area on most days for at least 6 weeks?

- YES..... 1
- NO..... 2 (ARQ.110)
- REFUSED..... 7 (ARQ.110)
- DON'T KNOW..... 9 (ARQ.110)

ARQ.020 Please look at this hand card.
[Interviewer: present Hand Card ARQ-1- NHANES III back pain diagram format]

Tell me in which locations {you/SP} have had pain, aching or stiffness. Then for each of those areas, please tell me:

a. Where was the pain located?

- NECK..... a
- RIB CAGE..... b
- UPPER BACK..... c
- MID BACK..... d
- LOW BACK..... e
- BUTTOCKS..... f
- HIP AREA..... g
- REFUSED..... 7
- DON'T KNOW..... 9

b. Was the pain present **on most days for 3 or more months**?

- YES..... 1
- NO..... 2
- REFUSED..... 7
- DON'T KNOW..... 9

- c. How old were {you/SP} when the pain first started?
- ENTER AGE IN YEARS..... _____
- REFUSED..... 7
- DON'T KNOW..... 9
- d. Have {you/SP} had the pain in the last 12 months?
- YES..... 1
- NO..... 2
- REFUSED..... 7
- DON'T KNOW..... 9

ARQ.020 Item Response Matrix	a.	b.	c.	d.
	Pain Location	Present ≥ 3 months?	Age Pain Started	Pain Last 12 mos ?
ARQ.020a Neck	Y/N	Y/N		Y/N
ARQ.020b Rib Cage	Y/N	Y/N		Y/N
ARQ.020c Upper Back	Y/N	Y/N		Y/N
ARQ.020d Mid Back	Y/N	Y/N		Y/N
ARQ.020e Low Back	Y/N	Y/N		Y/N
ARQ.020f Buttocks	Y/N	Y/N		Y/N
ARQ.020g Hip Area	Y/N	Y/N		Y/N

(Note: Analytic variables to be coded as ARQ.020aa, ARQ020.ab, ARQ.020ac...ARQ.020gd etc.)

BOX 1

CHECK ITEM ARQ.030:
IF ARQ.020fa = 1 (YES), THEN CONTINUE; OTHERWISE GO TO ARQ.035.

ARQ.030 Does the pain, aching or stiffness in {your/SP's} buttocks at times occur just on one side, but at other times switch to the other side?

- YES..... 1
- NO..... 2
- REFUSED..... 7
- DON'T KNOW..... 9

BOX 2

CHECK ITEM ARQ.033:
IF ARQ.020aa = 1 (YES) or ARQ.020ca = 1 (YES) or ARQ.020da = 1 (YES) or ARQ.020ea = 1 (YES) or THEN CONTINUE; OTHERWISE GO TO ARQ.110.

ARQ.035. Select the one statement that best describes the pain or stiffness in your neck or back:

- My pain or stiffness began suddenly or over a few days..... 1
- At first, my pain or stiffness would come and go, but then it became constant 2
- My pain or stiffness began slowly and then gradually worsened over a period of weeks to months..... 3
- REFUSED..... 7
- DON'T KNOW..... 9

ARQ.036. Did your back or neck pain start with an injury, fall or accident, for example an injury to a disc?

- YES..... 1
- NO..... 3
- REFUSED..... 7
- DON'T KNOW..... 9

ARQ.037. Have {you/SP} had surgery for the back or neck pain?

- YES..... 1
- NO..... 2
- REFUSED..... 7
- DON'T KNOW..... 9

ARQ.040 {Do/Did} you have back or neck pain, aching or stiffness when you [are/were} in bed for sleep?

- YES..... 1
- NO..... 2
- REFUSED..... 7
- DON'T KNOW..... 9

ARQ.050 {Does/did} your back or neck pain, aching or stiffness wake you up after you {get/got} to sleep?

- YES..... 1
- NO..... 2 (ARQ.060)
- REFUSED..... 7 (ARQ.060)
- DON'T KNOW..... 9 (ARQ.060)

ARQ.055 {Does/did} your pain, aching or stiffness wake you up during the second half of {your/Sp's} normal sleeping period?

[Interviewer instructions: for most persons, the normal sleeping period is at night; other persons may sleep only during the daytime]

- YES..... 1
- NO..... 2
- REFUSED..... 7
- DON'T KNOW..... 9

ARQQ.060 {Do you/Did you} have stiffness in your back or neck when you wake up from sleep?

YES..... 1
 NO..... 2 (ARQ.080)
 REFUSED..... 7 (ARQ.080)
 DON'T KNOW..... 9 (ARQ.080)

ARQ.070 Beginning from the time you {wake/woke} up, {does/did} this stiffness last 30 minutes or longer?

YES..... 1
 NO..... 2
 REFUSED..... 7
 DON'T KNOW..... 9

ARQ.080 Please review this hand card that lists types of ordinary daily activities. {Does/Did} your back or neck pain, aching or stiffness get better with such physical activity or exercise? (Hand Card ARQ-2- Modified from current PFQ questionnaire activity scales)

YES..... 1
 NO..... 2
 INACTIVE, DON'T DO SUCH EXERCISE..... 3
 REFUSED..... 7
 DON'T KNOW..... 9

ARQ.090 The next questions are about certain prescription and over the counter medications that {you/SP} may be using now or may have used in the past for {your/SP's} back or neck pain.

Please review this hand card. For {your/SP's} back pain, have you/has SP} **ever** taken **any** of these prescription or over-the-counter pain relievers on a daily basis for at least a few days?

HAND CARD ARQ-3
 CAPI INSTRUCTION:
 DISPLAY PRODUCT LIST OF ANTI-INFLAMMATORY PRODUCTS.

YES..... 1
 NO..... 2 (ARQ.110)

 REFUSED..... 7 (ARQ.110)

 DON'T KNOW..... 9 (ARQ.110)

ARQ.100 Did the medicine that {you/SP} took help your back pain within 48 hours (2 days)?

YES..... 1
 NO..... 2
 MEDICATION NOT TAKEN 48 HOURS..... 3
 REFUSED..... 7
 DON'T KNOW..... 9

ARQ.110 Besides injuries, have you had **pain** in the **heel of your foot** that lasted more than two weeks? This is usually pain due to heel spurs or Achilles tendonitis (uh-kill-ease ten-done-eye-tus).
 [Interviewer: Do not count pain due to gout or painless swelling of the foot.]

YES..... 1
 NO..... 2
 REFUSED..... 7
 DON'T KNOW..... 9

ARQ.110 [Have you/has SP] ever had tennis elbow? This is also called epicondylitis (ep-ee-con-duh-light-us).

YES..... 1
 NO..... 2
 REFUSED..... 7
 DON'T KNOW..... 9

ARQ.120 Have you ever had an eye condition that affected only one eye at a time, causing extreme pain and sensitivity to light, and for which you used prescription eye drops from a doctor?

YES..... 1 (ARQ125)
 NO..... 2
 REFUSED..... 7
 DON'T KNOW..... 9

ARQ.125 Did the doctor tell you you had...

IRITIS (eye-right-us)..... 1
 UVEITIS (you-vee-eye-t-us)..... 1
 GLAUCOMA (g-law-coma)..... 2
 REFUSED..... 7
 DON'T KNOW..... 9

ARQ.130 Have you **ever** had a skin rash with itchy/sore patches of thick, red skin with white scales, located on your elbows, knees, scalp, back, face, palms or feet?

YES..... 1
 NO..... 2 (ARQ.150)
 REFUSED..... 7 (ARQ.150)
 DON'T KNOW..... 9 (ARQ.150)

ARQ.140 {Have you/has SP} had this rash in the last 12 months?

- YES..... 1
- NO..... 2
- REFUSED..... 7
- DON'T KNOW..... 9

ARQ.145 In the last 12 months, {Did you/Did SP} have . . .

HAND CARD ARQ4

- little or no rash,..... 1
- only a few patches (that could be covered by one or two palms of {your/his/her} hand),..... 2
- scattered patches (that could be covered between three and ten palms of {your/his/her} hand), or..... 3
- extensive rashes (covering large areas of the body, that would be more than ten palms of {your/his/her} hand)?..... 4
- REFUSED..... 7
- DON'T KNOW..... 9

ARQ.150 {Have you/Has SP} **ever** been told by a health care provider that {you/s/he} had psoriasis (sore-eye-uh-sus)?

- YES..... 1
- NO..... 2 (ARQ.160)
- REFUSED..... 7 (ARQ.160)
- DON'T KNOW..... 9 (ARQ.160)

BOX 3.

CHECK ITEM ARQ.152:
 IF ARQ.130 = 1 (YES), THEN CONTINUE; OTHERWISE GO TO ARQ.160.

ARQ.155 Was the psoriasis (sore-eye-uh-sus) the same rash you just told me about?

- YES..... 1 (ARQ.160)
- NO..... 2
- REFUSED..... 7 (ARQ.160)
- DON'T KNOW..... 9 (ARQ.160)

ARQ.157 When {your/SP's} psoriasis (sore-eye-uh-sus) was at it's worst, {did you/did SP} have . . .

HAND CARD ARQ4

- little or no rash,..... 1
- only a few patches (that could be covered by one or two palms of {your/his/her} hand),..... 2
- scattered patches (that could be covered between three and ten palms of {your/his/her} hand), or..... 3
- extensive rashes (covering large areas of the body, that would be more than ten palms of {your/his/her} hand)?..... 4
- REFUSED..... 7
- DON'T KNOW..... 9

ARQ.160 Has a medical provider told you had Inflammatory Bowel Disease, also called Crohn's (crow-nz) Disease or Ulcerative Colitis (ulcer-uh-tive co-light-us). Symptoms are continuing diarrhea (loose, watery, or frequent bowel movements), crampy stomach pain, fever, and sometimes blood in your stool.

[Interviewer: Do not count Irritable Bowel Syndrome or bleeding from hemorrhoids.]

- YES..... 1
- NO..... 2
- REFUSED..... 7
- DON'T KNOW..... 9

ARQ.170 Besides infections, {do you/does SP} have pits in {your/Sp's} fingernails, red-brown discoloration under the fingernails, or crumbling/splitting of the fingernails?

- NO..... 2
- REFUSED..... 7
- DON'T KNOW..... 9

ARQ.180 Besides injuries, {have you/has SP} ever had **painful** swelling of whole fingers that lasted more than two weeks?

[Interviewer: do not count painless swelling or painful swelling due to fluid build up].

- YES..... 1
- NO..... 2
- REFUSED..... 7
- DON'T KNOW..... 9

ARQ.190 Besides injuries you may have had, {have you/has SP} ever had painful swelling of the knees that lasted more than two weeks? Do not count painful swelling due to Gout, Rheumatoid or Osteo (awe-s-tea-oh)- arthritis (bone on bone arthritis).

- YES, ONE KNEE..... 1
- YES, BOTH KNEES..... 2
- NO..... 3
- REFUSED..... 7
- DON'T KNOW..... 9

ARQ.200 [Do/does/did] your father, mother, sister, or brother have any of the following diseases?

CODE ALL THAT APPLY

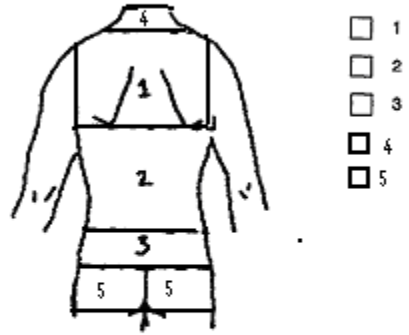
- Ankylosing Spondylitis
(ankle-oh-sing spawn-duh-light-us)..... 1
- Psoriasis (sore-eye-uh-sus)?..... 2
- Crohn's (crow-nz) Disease..... 3
- Ulcer-ative Colitis (co-light-us)..... 4
- Reactive Arthritis [Reiter's (right-erz) Syndrome]5
- Iritis (eye-right-us)..... 6
- REFUSED..... 7
- DON'T KNOW..... 9

HAND CARD ARQ.1 Pain Location Diagram Based on NHANES III Hand Card HAQ-2
(Rib Cage and Hip Areas Need to be Developed)

G4. HAND CARD HAQ-2.

In what part of your back (is/was) the pain usually located?

MARK ALL AREAS INDICATED.



HAND CARD ARQ.2 List of Ordinary Light Physical Activities

AEROBICS	10
COOKING.....	11
DANCE.....	12
FISHING.....	13
LIGHT HOUSEWORK.....	14
STAIR CLIMBING.....	15
STRETCHING.....	16
SWIMMING.....	17
WALKING.....	18
YOGA.....	19
SOME OTHER LIGHT PHYSICAL ACTIVITY (SPECIFY) _____.....	20

HAND CARD ARQ-3. List of NSAIDs and Aspirin Containing Anti-Inflammatory Medications

Indomethacin- also Indocin

Ibuprofen—also Advil, Nuprin, Motrin, Motrin IB (including cold and sinus products containing ibuprofen)

Naproxyn—also Aleve, Anaprox, Naprelan, Naprosyn

Aspirin In High Doses—includes buffered aspirin products such as Anacin, Bayer, Bufferin, Midol, Ascripton, Ecotrin, Pabrin, and Alka Seltzer

[Interviewer Instructions: do not include aspirin use if in low doses (a low dose is taking 1 aspirin pill per day; usually 60 to 300 mg)]

Ansaid

Arthrotec

Bextra

Cataflam

Clinoril

Daypro

Dolobid

Excedrin

Feldene

Lodine

Mobic

Nalfon

Orudis

Ponstel

Relafen

Tolectin

Toradol

Vanquish

Voltaren

HAND CARD ARQ.4

{Do you/SP} currently have . . .

1. Little or no rash,
2. Only a few patches (that could be covered by one or two palms of your hand),
3. Scattered patches (that could be covered between three and ten palms of your hand), or
4. Extensive rashes (covering large areas of the body, that would be more than ten palms of your hand)?

