

Stiffness Impact

Please respond to each question or statement by marking one box per row.

		Never	Rarely	Sometimes	Often	Always
StiffImpact01	In the past 7 days, how often was it very easy for you to move your legs or arms quickly?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
StiffImpact03	In the past 7 days, how often were your joints very stiff when you woke up?	<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1
StiffImpact04	In the past 7 days, how often could you move your legs or arms quickly?..	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
StiffImpact05	In the past 7 days, how often did it take you a while to get out of bed because of stiffness?	<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1
StiffImpact07	In the past 7 days, how often were your joints very stiff during the day?	<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1
StiffImpact08	In the past 7 days, how often were your joints so stiff during the day that you could not move?	<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1
StiffImpact09	In the past 7 days, how often was it very easy for you to move your legs or arms?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
StiffImpact010	In the past 7 days, how often did you wake up so stiff that you could not move?	<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1
StiffImpact011	In the past 7 days, how often did stiffness prevent you from getting out of bed?	<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1

		Never	Rarely	Sometimes	Often	Always
StiffImpact013	In the past 7 days, how often was it impossible for you to move your legs or arms quickly?	<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1
StiffImpact015	How often did it take you a very long time to get out of bed because of stiffness?	<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1
		Not at all	A little	Somewhat	Quite	Very
StiffImpact06	How easy was it for you to move your legs or arms quickly?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
StiffImpact012	How hard was it for you to move your legs or arms?	<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1
StiffImpact014	How easy was it for you to move your legs or arms?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
		Not at all	A little bit	Somewhat	Quite a bit	Very much
StiffImpact02	How stiff were your joints during the day?	<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1