Gastrointestinal Health

	Daily	Weekly	Monthly	Never
Score assigned:	***3***	***2***	***1***	***0***
1. Do you suffer from abdominal pain?	☐	☐	☐	☐
2. Do you suffer from bloating?	☐	☐	☐	☐
3. Do you suffer from diarrhoea?	☐	☐	☐	☐
4. Are your stools (poo) ever difficult to flush?	☐	☐	☐	☐
5. Do you pass black tarry stool (poo)?	☐	☐	☐	☐

IF YOU HAVE ANSWERED YES TO QUESTION 5 PLEASE SEE YOUR GP

6. Do you suffer with mouth ulcers?	☐	☐	☐	☐
7. Do you suffer from skin ulcers or rashes?	☐	☐	☐	☐
8. Do you suffer from regular indigestion?	☐	☐	☐	☐
9. Do you avoid gluten (wheat) in your diet?	☐	☐	☐	☐
10. Have you lost weight without dieting?	☐	☐	☐	☐

Any other information that you think we might find helpful about your Gastrointestinal Health?

Cardiovascular Health

1. Are you a ☐ **Current smoker** ☐ **Ex smoker** ☐ **Never smoker**
   Score assigned ***1*** ***2*** ***3***

	Yes	No	Don't know
Score assigned	**1**	**0**	
2. Do you have high blood pressure?	☐	☐	☐
3. Do you have high cholesterol?	☐	☐	☐
4. Do you have diabetes?	☐	☐	☐
6. Have you ever had any heart problems?	☐	☐	☐
5. Has anyone in your family had heart problems?	☐	☐	☐

In the last month have you suffered from any of the following?

	Yes	No
Score assigned	***1***	***0***
5. Chest pain?	☐	☐
6. Shortness of breath?	☐	☐

****IF YOU HAVE ANSWERED YES TO QUESTIONS 5 OR 6 PLEASE SEE YOUR GP****

	Daily	Weekly	Monthly	Never
Score assigned	***3***	***2***	***1***	***0***
7. How often do you exercise?	☐	☐	☐	☐

	Cardio	Stretching	Other
8. What form of exercise to you do? (tick all which apply)	☐	☐	☐

If other form of exercise please specify below.

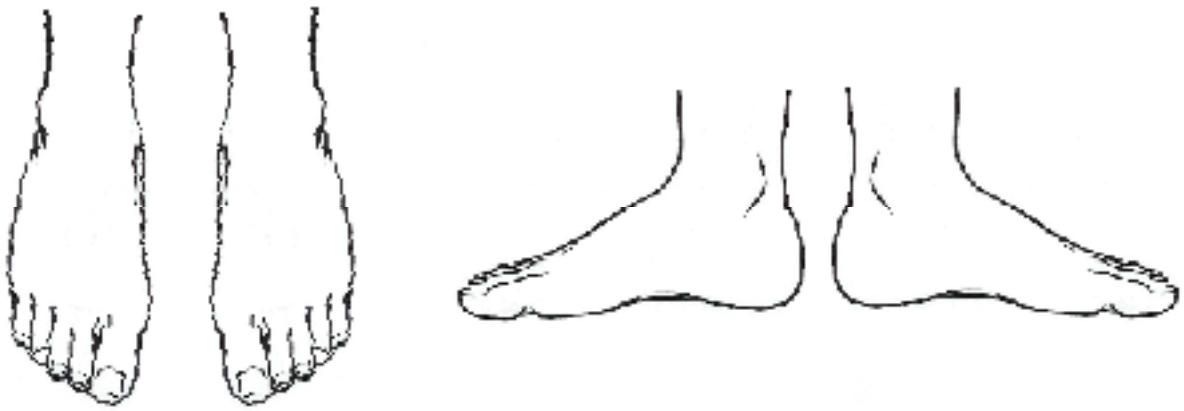
Any other information you think might be helpful about your cardiovascular health?

Foot Health

Please note all questions except number 10 are about how you have felt on average during the **past week** and refer to problems **caused by your arthritis**

	Score assigned	Yes 1	No 0
1. Have you had pain in your feet or ankles?		☐	☐
2. Have your feet or ankles been swollen?		☐	☐
3. Have you found walking difficult because of your feet or ankles?		☐	☐
4. Have you found standing up difficult because of your feet or ankles?		☐	☐
5. Have you been unable to work due to your feet or ankles?		☐	☐
6. Have you been unable to do normal day to day activities due to your feet or ankles?		☐	☐
7. Have you had your footwear adapted due to your feet or ankles?		☐	☐
8. If not, do you think you would need to?		☐	☐
9. Is the skin on your feet or ankles sore from rubbing on your shoes?		☐	☐
10. Have you had surgery or are you due to have surgery for your feet or ankles?		☐	☐

If you have suffered or are suffering from foot or ankle pain, indicate the exact location in the drawing



Any other information you think might be helpful about your foot health?

Screening Rheumatoid Arthritis Questionnaire [Version 5, Mar 2009]

Psychological Health

	Yes Definitely	Yes Sometimes	No Not much	No Never
1. Do you wake early or sleep badly?	☐	☐	☐	☐
2. Do you feel panic for no reason?	☐	☐	☐	☐
3. Do you often feel sad?	☐	☐	☐	☐
4. Do you feel anxious on your own?	☐	☐	☐	☐
5. Have you lost interest in things?	☐	☐	☐	☐
6. Do you get palpitations or 'butterflies'?	☐	☐	☐	☐
7. Do you have a good appetite?	☐	☐	☐	☐
8. Do you feel scared or frightened?	☐	☐	☐	☐
9. Do you feel life is not worth living?	☐	☐	☐	☐
10. Do you still enjoy things you used to?	☐	☐	☐	☐
11. Do you feel restless?	☐	☐	☐	☐
12. Do you feel irritable?	☐	☐	☐	☐
13. Do you feel as though you have slowed down?	☐	☐	☐	☐
14. Do worrying thoughts often go through your mind?	☐	☐	☐	☐

Any other information you think might be helpful about your psychological health?