University of the West of England BRISTOL

University of BRISTOL

KING'S College LONDON

North Bristol NHS Trust

Royal National Hospital for Rheumatic Diseases NHS Foundation Trust

Physiotherapy for Hypermobility Trial (PHyT)

Baseline Questionnaires

ID:					DoB:					1	9		

Today's Date:					2	0		

Please find enclosed questionnaires that will help us to identify any changes in your condition

Please complete these just before you attend for your initial physiotherapy appointment and bring them with you

Please note that it may take up to one hour to complete these questionnaires so please take your time and complete in more than one sitting

Thank you so much for completing these questionnaires

Multi-Dimensional Health Assessment Questionnaire (R808-NP2)

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SECTION C - THE BRISTOL HYPERMOBILITY SYMPTOMS QUESTIONNAIRE

This questionnaire is designed to ask how hypermobility affects your day to day life. Please answer all of the questions and try not to think too much about your answer.

A. **During the past 7 days**, have you had pain in any of the following areas?

		Yes[1]	No[2]
1)	Shoulders	☐	☐
2)	Elbows	☐	☐
3)	Wrists	☐	☐
4)	Hands	☐	☐
5)	Hips	☐	☐
6)	Knees	☐	☐
7)	Ankles	☐	☐
8)	Feet	☐	☐
9)	Neck	☐	☐
10)	Back	☐	☐

B. We would like to know how often you have experienced pain and fatigue due to hypermobility during the **past 7 days. Please circle the number which best reflects…**

11) your **average** level of pain during the **past 7 days**

0 1 2 3 4 5 6 7 8 9 10

No pain — Worst imaginable pain

12) your **worst** level of pain during the **past 7 days**

0 1 2 3 4 5 6 7 8 9 10

No pain — Worst imaginable pain

13) how much pain you have had **when walking** during the **past 7 days**

0 1 2 3 4 5 6 7 8 9 10

No pain — Worst imaginable pain

14) how much pain you have had **when resting** during the **past 7 days**

0 1 2 3 4 5 6 7 8 9 10

No pain — Worst imaginable pain

15) your **average** level of fatigue during the **past 7 days**

0 1 2 3 4 5 6 7 8 9 10

No fatigue — Totally exhausted

16) the **effect** fatigue has had on your life during the **past 7 days**

0 1 2 3 4 5 6 7 8 9 10

No effect — Large effect

17) how well you have **coped** with fatigue during the **past 7 days**

0 1 2 3 4 5 6 7 8 9 10

Not at all well — Very well

C. Please tick the box which best describes how much, during the **past 7 days**, hypermobility has affected...

		Not at all[1]	A little[2]	Somewhat[3]	A lot[4]	Completely[5]
18)	the clothing you have worn	☐	☐	☐	☐	☐
19)	the footwear you have worn	☐	☐	☐	☐	☐
20)	the transport you have used	☐	☐	☐	☐	☐

D. **How often.....**

		Never[1]	Occasionally[2]	Sometimes[3]	Often[4]	Always[5]
21)	have you had unexpected pain (that was not an expected consequence of something you have done) during the past 7 days?	☐	☐	☐	☐	☐
22)	has your wrist or hand given way, leading you to drop, or nearly drop something during the past 7 days?	☐	☐	☐	☐	☐
23)	has your ankle, knee or hip given way, leading to a stumble or trip during the past 7 days?	☐	☐	☐	☐	☐
24)	have you lost your balance during the past 7 days?	☐	☐	☐	☐	☐
25)	have your hands seized up during the past 7 days?	☐	☐	☐	☐	☐

How often.....

		Never[1]	Occasionally[2]	Sometimes[3]	Often[4]	Always[5]
26)	have joints seized up during the past 7 days?	☐	☐	☐	☐	☐
27)	has it felt like a joint has slipped out of place during the past 7 days?	☐	☐	☐	☐	☐
28)	have you had muscle cramps or spasms during the past 7 days?	☐	☐	☐	☐	☐
29)	have you had difficulty getting comfortable in bed during the past 7 days?	☐	☐	☐	☐	☐
30)	have you had trouble sleeping due to hypermobility during the past 7 days?	☐	☐	☐	☐	☐
31)	has your sleep been disturbed due to pain or discomfort during the past 7 days?	☐	☐	☐	☐	☐

How often, thinking about what you are usually able to do, ...

		Never[1]	Occasionally[2]	Sometimes[3]	Often[4]	Always[5]
32)	have you had difficulty walking a distance that would usually be OK for you during the past 7 days?	☐	☐	☐	☐	☐
33)	has hypermobility kept you from your usual activities during the past 7 days?	☐	☐	☐	☐	☐
34)	has it been difficult to do your usual work activities (including unpaid work such as housework) during the past 7 days?	☐	☐	☐	☐	☐
35)	has it been difficult to do your usual hobbies during the past 7 days?	☐	☐	☐	☐	☐

E. How much difficulty have you had with the following tasks during the **past 7 days** due to hypermobility?

		Not difficult[1]	A little difficult[2]	Somewhat difficult[3]	Extremely difficult[4]	Completely impossible[5]
36)	Holding a mug or cup	☐	☐	☐	☐	☐
37)	Doing up buttons	☐	☐	☐	☐	☐
38)	Picking up a coin	☐	☐	☐	☐	☐
39)	Washing dishes	☐	☐	☐	☐	☐
40)	Using a door handle or lever	☐	☐	☐	☐	☐
41)	Bending or twisting	☐	☐	☐	☐	☐
42)	Putting on socks	☐	☐	☐	☐	☐
43)	Squatting	☐	☐	☐	☐	☐
44)	Getting out of a car	☐	☐	☐	☐	☐
45)	Walking on uneven ground	☐	☐	☐	☐	☐
46)	Making sharp turns while walking or running	☐	☐	☐	☐	☐
47)	Pushing a shopping trolley or pushchair	☐	☐	☐	☐	☐
48)	Getting dressed	☐	☐	☐	☐	☐
49)	Raising your hands above your head repeatedly, e.g. to straighten hair or change a light bulb	☐	☐	☐	☐	☐
50)	Carrying a heavy bag, such as a shopping bag	☐	☐	☐	☐	☐
51)	Reaching up to high shelves	☐	☐	☐	☐	☐
52)	Turning over in bed	☐	☐	☐	☐	☐
53)	Brushing or combing hair	☐	☐	☐	☐	☐
54)	Pulling a light switch cord	☐	☐	☐	☐	☐
55)	Pulling or pushing heavy doors	☐	☐	☐	☐	☐
56)	Opening a tight or new jar	☐	☐	☐	☐	☐
57)	Writing for more than 30 minutes	☐	☐	☐	☐	☐

		Not difficult[1]	A little difficult[2]	Somewhat difficult[3]	Extremely difficult[4]	Completely impossible[5]
58)	Peeling or chopping vegetables	☐	☐	☐	☐	☐
59)	Carrying a saucepan full of water	☐	☐	☐	☐	☐
60)	Holding a frying pan	☐	☐	☐	☐	☐
61)	Using a computer mouse or keyboard	☐	☐	☐	☐	☐
62)	Getting out of bed without assistance	☐	☐	☐	☐	☐

F. How much discomfort would you have had after the following activities **during the past 7 days?**

		No discomfort[1]	Slightly uncomfortable[2]	Uncomfortable[3]	Painful[4]	Could not do it[5]
63)	Standing up for more than 30 minutes	☐	☐	☐	☐	☐
64)	Sitting in a chair for more than 30 minutes	☐	☐	☐	☐	☐
65)	Standing up after sitting for more than 30 minutes	☐	☐	☐	☐	☐
66)	Climbing one flight of stairs	☐	☐	☐	☐	☐
67)	Climbing several flights of stairs	☐	☐	☐	☐	☐
68)	Going down one flight of stairs	☐	☐	☐	☐	☐
69)	Going down several flights of stairs	☐	☐	☐	☐	☐
70)	Going up or down a flight of stairs without a handrail	☐	☐	☐	☐	☐
71)	Walking at your own pace for 5 minutes	☐	☐	☐	☐	☐

		No discomfort[1]	Slightly uncomfortable[2]	Uncomfortable[3]	Painful[4]	Could not do it[5]
72)	Walking at your own pace for a few miles	☐	☐	☐	☐	☐
73)	Walking briskly for 5 minutes	☐	☐	☐	☐	☐
74)	Walking briskly for a few miles	☐	☐	☐	☐	☐
75)	Wandering around shops or museums	☐	☐	☐	☐	☐
76)	Bending or twisting	☐	☐	☐	☐	☐
77)	Squatting	☐	☐	☐	☐	☐

G. **Please circle** the number which best indicates…

78) how much you have felt in control of the movement of your body and limbs during the **past 7 days**

0 1 2 3 4 5 6 7 8 9 10

Completely in control — Completely unable to control

79) how accurately you have been able to predict how you might feel in general over the **past 7 days**

0 1 2 3 4 5 6 7 8 9 10

Always able to predict — Completely unable to predict

80) how frustrated you have felt with hypermobility during the **past 7 days**

0 1 2 3 4 5 6 7 8 9 10

Not at all frustrated — Very frustrated

81) how able you have felt to cope with pain during the **past 7 days**

0 1 2 3 4 5 6 7 8 9 10

Completely able to cope — Completely unable to cope

82) how strong your body and limbs have felt generally over the **past 7 days**

0 1 2 3 4 5 6 7 8 9 10

Very strong — Extremely weak

83) how 'tight', 'strong', 'held together' your body and limbs have felt generally during the **past 7 days**

0 1 2 3 4 5 6 7 8 9 10

Very tight — Extremely loose

84) how able you have felt to control your fatigue in the **past 7 days**

0 1 2 3 4 5 6 7 8 9 10

Completely in control — No control whatsoever

85) how much you have felt in control of your pain in the **past 7 days**

0 1 2 3 4 5 6 7 8 9 10

Completely in control — No control whatsoever

86) how much you have felt in control of your life in the **past 7 days**

0 1 2 3 4 5 6 7 8 9 10

Completely in control — No control whatsoever

87) thinking about what you are usually able to do, how much you have felt in control of your ability to do your usual activities during the **past 7 days**

0 1 2 3 4 5 6 7 8 9 10

Completely in control — No control whatsoever

H. Thinking about what you are usually able to do, how much has hypermobility interfered with your activities during the **past 7 days**?

Please circle the number which best shows. . .

88) how much hypermobility has interfered with your daily activities during the **past 7 days**?

0 1 2 3 4 5 6 7 8 9 10

Not at all — Unable to do

89) how much pain has interfered with your ability to take part in social or family activities during the **past 7 days**

0 1 2 3 4 5 6 7 8 9 10

Not at all — Unable to join in

90) how much difficulty you have had in carrying out your desired level of exercise during the **past 7 days**

0 1 2 3 4 5 6 7 8 9 10

No difficulty — Extreme difficulty

I. Please tick the box which best describes your agreement with the following statements

		Strongly agree[1]	Agree[2]	Neither agree or disagree[3]	Disagree[4]	Strongly disagree[5]
91)	I am concerned about tripping or falling over when I am out and about	☐	☐	☐	☐	☐
92)	My body does not feel strong	☐	☐	☐	☐	☐
93)	I am concerned about my condition getting worse	☐	☐	☐	☐	☐
94)	I feel unsteady on my feet	☐	☐	☐	☐	☐
95)	I feel anxious about falling or tripping	☐	☐	☐	☐	☐
96)	I feel frustrated with my condition	☐	☐	☐	☐	☐
97)	My coordination is poor	☐	☐	☐	☐	☐
98)	I feel that I could trip or fall at any time	☐	☐	☐	☐	☐
99)	I can control the movement of my limbs	☐	☐	☐	☐	☐
100)	I can control the position of my limbs	☐	☐	☐	☐	☐
101)	I feel that I can remain physically active	☐	☐	☐	☐	☐
102)	I feel that I can manage my condition	☐	☐	☐	☐	☐
103)	I am able to cope with my pain	☐	☐	☐	☐	☐
104)	I am able to manage my pain	☐	☐	☐	☐	☐

Thank you for taking the time to complete this questionnaire.

Visual Analogue Scales

Place a vertical mark on each line below to indicate how bad you feel your pain is today…

1. … in the most affected joint at rest

2. … in the most affected joint on movement

3. … in all your joints in general at rest

4. … in all your joints in general on movement

Exercise Self-Efficacy (Bandura 2006, adapted by Everett et al 2009)

A number of situations are described below that can make it hard to stick to an exercise routine. Please rate how sure you are that you can get yourself to exercise regularly (most days of the week).

Rate your degree of confidence by recording a number from 0 (I cannot do this activity at all) to 10 (I am certain that I can do this activity successfully)

	Confidence (0-10)
When I am feeling tired	_____
When I am feeling under pressure from work	_____
During bad weather	_____
After recovering from an injury that caused me to stop exercising	_____
During or after experiencing personal problems	_____
When I am feeling depressed	_____
When I am feeling anxious	_____
After recovering from an illness that caused me to stop exercising	_____
When I feel physical discomfort when I exercise	_____
After a vacation	_____
When I have too much work to do at home	_____
When visitors are present	_____
When there are other interesting things to do	_____
If I don't reach my exercise goals	_____
Without support from my family or friends	_____
During a vacation	_____
When I have other time commitments	_____
After experiencing family problems	_____

EQ-5D-5L

Under each heading, please tick the ONE box that best describes your health TODAY

MOBILITY

- I have no problems in walking about ❑
- I have slight problems in walking about ❑
- I have moderate problems in walking about ❑
- I have severe problems in walking about ❑
- I am unable to walk about ❑

SELF-CARE

- I have no problems washing or dressing myself ❑
- I have slight problems washing or dressing myself ❑
- I have moderate problems washing or dressing myself ❑
- I have severe problems washing or dressing myself ❑
- I am unable to wash or dress myself ❑

USUAL ACTIVITIES *(e.g. work, study, housework, family or leisure activities)*

- I have no problems doing my usual activities ❑
- I have slight problems doing my usual activities ❑
- I have moderate problems doing my usual activities ❑
- I have severe problems doing my usual activities ❑
- I am unable to do my usual activities ❑

PAIN / DISCOMFORT

- I have no pain or discomfort ❑
- I have slight pain or discomfort ❑
- I have moderate pain or discomfort ❑
- I have severe pain or discomfort ❑
- I have extreme pain or discomfort ❑

ANXIETY / DEPRESSION

- I am not anxious or depressed ❑
- I am slightly anxious or depressed ❑
- I am moderately anxious or depressed ❑
- I am severely anxious or depressed ❑
- I am extremely anxious or depressed ❑

- We would like to know how good or bad your health is TODAY.
- This scale is numbered from 0 to 100.
- 100 means the best health you can imagine.
  0 means the worst health you can imagine.
- Mark an X on the scale to indicate how your health is TODAY.
- Now, please write the number you marked on the scale in the box below.

YOUR HEALTH TODAY = ☐