

Participant Ending Self-Test

First Name		Last Name	
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Today's Date: _____

Self-Efficacy

We would like to know **how confident** you are in doing certain activities. For each of the following questions, please circle the number that corresponds to your confidence that you can do the tasks regularly at the present time.

<i>How confident are you that you can...</i>	<i>Not at all Confident</i>										<i>Totally Confident</i>									
Do gentle exercises for muscle strength and flexibility three to four times per week (range of motion, using weights, etc.)?	1	2	3	4	5	6	7	8	9	10	1	2	3	4	5	6	7	8	9	10
Do an aerobic exercise such as walking, swimming or bicycling three to four times each week?	1	2	3	4	5	6	7	8	9	10	1	2	3	4	5	6	7	8	9	10
Exercise without making your symptoms worse?	1	2	3	4	5	6	7	8	9	10	1	2	3	4	5	6	7	8	9	10

Exercise

During the past week (even if it was **not** a typical week), how much **total** time (for the **entire week**) did you spend on each of the following? Please circle one number of each activity.

<i>Exercises</i>	<i>None</i>	<i>Less than 30 min/week</i>	<i>30 – 60 min/week</i>	<i>1 – 3 hrs/week</i>	<i>More than 3 hrs/week</i>
Stretching or strengthening exercises (range of motion, using weights, etc.)	0	1	2	3	4
Walk for exercise	0	1	2	3	4
Swimming or aquatic exercise	0	1	2	3	4
Bicycling (including stationary exercise bike)	0	1	2	3	4
Other aerobic equipment (elliptical machine, rowing or skiing machine)	0	1	2	3	4
Other aerobic exercise	0	1	2	3	4

Pain

Please circle the **one** number that best describes how much physical pain your arthritis has caused during the past week.

<i>No pain</i>						<i>As bad as it can be</i>				
0	1	2	3	4	5	6	7	8	9	10

Fatigue

Please circle the number that describes how much of a problem fatigue has been for you during the past week.

<i>No problem</i>						<i>A major problem</i>				
0	1	2	3	4	5	6	7	8	9	10

Physical Limitations

The following items are about activities you might do during a typical day. Does your health now **limit** you in these activities? If so, how much? (circle one number on each line.)

	<i>Not at all</i>	<i>Yes, a little</i>	<i>Yes, a lot</i>
<i>Vigorous activities</i> , such as running, lifting heavy objects, participating in strenuous sports	1	2	3
<i>Moderate activities</i> , such as moving a table, pushing a vacuum cleaner, bowling, or playing golf	1	2	3
Lifting or carrying groceries	1	2	3
Climbing several flights of stairs	1	2	3
Climbing one flight of stairs	1	2	3
Bending, kneeling, or stooping	1	2	3
Walking <i>more</i> than a mile	1	2	3
Walking <i>several hundred yards</i>	1	2	3
Walking <i>one hundred yards</i>	1	2	3
Bathing or dressing yourself	1	2	3