Arthritis Impact Measurement Scales 2 (AIMS2-SF)

During the past four weeks …	All Days	Most Days	Some Days	Few Days	No Days
1. How often were you physically able to drive a car or use public transportation?	☐	☐	☐	☐	☐
2. How often were you in a bed or chair for most of the day?	☐	☐	☐	☐	☐
3. Did you have trouble doing vigorous activities such as running, lifting heavy objects, or participating in strenuous sports?	☐	☐	☐	☐	☐
4. Did you have trouble either walking several blocks or climbing a few flights of stairs?	☐	☐	☐	☐	☐
5. Were you unable to walk unless assisted by another person or by a cane, crutches or walker?	☐	☐	☐	☐	☐
6. Could you easily write with a pen or pencil?	☐	☐	☐	☐	☐
7. Could you easily button a shirt or blouse?	☐	☐	☐	☐	☐
8. Could you easily turn a key in a lock?	☐	☐	☐	☐	☐
9. Could you easily comb or brush your hair?	☐	☐	☐	☐	☐
10. Could you easily reach shelves that were above your head?	☐	☐	☐	☐	☐
11. Did you need help to get dressed?	☐	☐	☐	☐	☐
12. Did you need help to get out of bed?	☐	☐	☐	☐	☐
13. How often did you have severe pain from your arthritis?	☐	☐	☐	☐	☐
14. How often did your morning stiffness last more than one hour from the time you woke up?	☐	☐	☐	☐	☐
15. How often did your pain make it difficult for you to sleep?	☐	☐	☐	☐	☐
16. How often have you felt tense or high strung?	☐	☐	☐	☐	☐

17. How often have you been bothered by nervousness or your nerves?	☐	☐	☐	☐	☐
18. How often have you been in low or very low spirits?	☐	☐	☐	☐	☐
19. How often have you enjoyed the things you do?	☐	☐	☐	☐	☐
20. How often did you feel like a burden to others?	☐	☐	☐	☐	☐
21. How often did you get together with friends or relatives?	☐	☐	☐	☐	☐
22. How often were you on the telephone with close friends or relatives?	☐	☐	☐	☐	☐
23. How often did you go to a meeting of a church, club, team, or other groups?	☐	☐	☐	☐	☐
24. Did you feel that your family or friends were sensitive to your personal needs?	☐	☐	☐	☐	☐

If you are unemployed, disabled, or retired, stop here.

25. How often were you unable to do any paid work, house work or school work?	☐	☐	☐	☐	☐
26. On the days you did work, how often did you have to work a shorter day?	☐	☐	☐	☐	☐