

# MUSCULOSKELETAL HEALTH QUESTIONNAIRE (MSK-HQ)

This questionnaire is about your **joint, back, neck, bone and muscle symptoms** such as aches, pains and/or stiffness.

Please focus on the particular health problem(s) for which you sought treatment from this service.

For each question **tick (✓) one box** to indicate which statement best describes you **over the last 2 weeks**.

<b>1. Pain/stiffness during the day</b> How severe was your usual joint or muscle pain and/or stiffness overall during the <b>day</b> in the last 2 weeks?	Not at all <input type="checkbox"/> 4	Slightly <input type="checkbox"/> 3	Moderately <input checked="" type="checkbox"/> 2	Fairly severe <input type="checkbox"/> 1	Very severe <input type="checkbox"/> 0
<b>2. Pain/stiffness during the night</b> How severe was your usual joint or muscle pain and/or stiffness overall during the <b>night</b> in the last 2 weeks?	Not at all <input type="checkbox"/> 4	Slightly <input type="checkbox"/> 3	Moderately <input checked="" type="checkbox"/> 2	Fairly severe <input type="checkbox"/> 1	Very severe <input type="checkbox"/> 0
<b>3. Walking</b> How much have your symptoms interfered with your ability to walk in the last 2 weeks?	Not at all <input type="checkbox"/> 4	Slightly <input type="checkbox"/> 3	Moderately <input type="checkbox"/> 2	Severely <input type="checkbox"/> 1	Unable to walk <input type="checkbox"/> 0
<b>4. Washing/Dressing</b> How much have your symptoms interfered with your ability to wash or dress yourself in the last 2 weeks?	Not at all <input type="checkbox"/> 4	Slightly <input type="checkbox"/> 3	Moderately <input type="checkbox"/> 2	Severely <input type="checkbox"/> 1	Unable to wash or dress myself <input type="checkbox"/> 0
<b>5. Physical activity levels</b> How much has it been a problem for you to do physical activities (e.g. going for a walk or jogging) to the level you want because of your joint or muscle symptoms in the last 2 weeks?	Not at all <input type="checkbox"/> 4	Slightly <input type="checkbox"/> 3	Moderately <input type="checkbox"/> 2	Very much <input type="checkbox"/> 1	Unable to do physical activities <input type="checkbox"/> 0
<b>6. Work/daily routine</b> How much have your joint or muscle symptoms interfered with your work or daily routine in the last 2 weeks (including work & jobs around the house)?	Not at all <input type="checkbox"/> 4	Slightly <input type="checkbox"/> 3	Moderately <input type="checkbox"/> 2	Severely <input type="checkbox"/> 1	Extremely <input type="checkbox"/> 0
<b>7. Social activities and hobbies</b> How much have your joint or muscle symptoms interfered with your social activities and hobbies in the last 2 weeks?	Not at all <input type="checkbox"/> 4	Slightly <input type="checkbox"/> 3	Moderately <input type="checkbox"/> 2	Severely <input type="checkbox"/> 1	Extremely <input type="checkbox"/> 0

Please turn the page and continue

<b>8. Needing help</b> How often have you needed help from others (including family, friends or carers) because of your joint or muscle symptoms in the last 2 weeks?	Not at all <input type="checkbox"/> 4	Rarely <input type="checkbox"/> 3	Sometimes <input type="checkbox"/> 2	Frequently <input type="checkbox"/> 1	All the time <input type="checkbox"/> 0
<b>9. Sleep</b> How often have you had trouble with either falling asleep or staying asleep because of your joint or muscle symptoms in the last 2 weeks?	Not at all <input type="checkbox"/> 4	Rarely <input type="checkbox"/> 3	Sometimes <input type="checkbox"/> 2	Frequently <input type="checkbox"/> 1	Every night <input type="checkbox"/> 0
<b>10. Fatigue or low energy</b> How much fatigue or low energy have you felt in the last 2 weeks?	Not at all <input type="checkbox"/> 4	Slight <input type="checkbox"/> 3	Moderate <input type="checkbox"/> 2	Severe <input type="checkbox"/> 1	Extreme <input type="checkbox"/> 0
<b>11. Emotional well-being</b> How much have you felt anxious or low in your mood because of your joint or muscle symptoms in the last 2 weeks?	Not at all <input type="checkbox"/> 4	Slightly <input type="checkbox"/> 3	Moderately <input type="checkbox"/> 2	Severely <input type="checkbox"/> 1	Extremely <input type="checkbox"/> 0
<b>12. Understanding of your condition and any current treatment</b> Thinking about your joint or muscle symptoms, how well do you feel you understand your condition and any current treatment (including your diagnosis and medication)?	Completely <input type="checkbox"/> 4	Very well <input type="checkbox"/> 3	Moderately <input type="checkbox"/> 2	Slightly <input type="checkbox"/> 1	Not at all <input type="checkbox"/> 0
<b>13. Confidence in being able to manage your symptoms</b> How confident have you felt in being able to manage your joint or muscle symptoms by yourself in the last 2 weeks (e.g. medication, changing lifestyle)?	Extremely <input type="checkbox"/> 4	Very <input type="checkbox"/> 3	Moderately <input type="checkbox"/> 2	Slightly <input type="checkbox"/> 1	Not at all <input type="checkbox"/> 0
<b>14. Overall impact</b> How much have your joint or muscle symptoms bothered you overall in the last 2 weeks?	Not at all <input type="checkbox"/> 4	Slightly <input type="checkbox"/> 3	Moderately <input type="checkbox"/> 2	Very much <input type="checkbox"/> 1	Extremely <input type="checkbox"/> 0

<b>Physical activity levels</b> In the past week, on how many days have you done a total of 30 minutes or more of physical activity, which was enough to raise your heart rate? <i>This may include sport, exercise and brisk walking or cycling for recreation or to get to and from places, but should not include housework or physical activity that is part of your job.</i>							
None <input type="checkbox"/>	1 day <input type="checkbox"/>	2 days <input type="checkbox"/>	3 days <input type="checkbox"/>	4 days <input type="checkbox"/>	5 days <input type="checkbox"/>	6 days <input type="checkbox"/>	7 days <input type="checkbox"/>

Thank you for completing this questionnaire.

The MSK-HQ total score is the sum of items 1-14, using the response values provided.

**MSK-HQ – Questionnaire for joint, back, neck, bone and muscle symptoms**

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