

Name:       DOB:

**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****.*

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| --- | --- | --- | --- | --- | --- |
| **1. Pain/stiffness** during the **day** How severe was your usual joint or muscle pain and/or stiffness overall during the **day** in the last 2 weeks? | Not at all | Slightly | Moderately | Fairly severe | Very severe |
| 4 | 3 | 2 | 1 | 0 |
| **2. Pain/stiffness** during the **night** How severe was your usual joint or muscle pain and/or stiffness overall during the **night** in the last 2 weeks? | Not at all | Slightly | Moderately | Fairly severe | Very severe |
| 4 | 3 | 2 | 1 | 0 |
| **3. Walking**  How much have your symptoms interfered with your ability to walk in the last 2 weeks? | Not at all | Slightly | Moderately | Severely | Unable to walk |
| 4 | 3 | 2 | 1 | 0 |
| **4. Washing/Dressing**  How much have your symptoms interfered with your ability to wash or dress yourself in the last 2 weeks? | Not at all | Slightly | Moderately | Severely | Unable to wash or dress myself |
| 4 | 3 | 2 | 1 | 0 |
| **5. Physical activity levels**  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 | Slightly | Moderately | Very much | Unable to do physical activities |
| 4 | 3 | 2 | 1 | 0 |
| **6. Work/daily routine**  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 | Slightly | Moderately | Severely | Extremely |
| 4 | 3 | 2 | 1 | 0 |
| **7. Social activities and hobbies** How much have your joint or muscle symptoms interfered with your social activities and hobbies in the last 2 weeks? | Not at all | Slightly | Moderately | Severely | Extremely |
| 4 | 3 | 2 | 1 | 0 |

# Please turn the page and continue

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **8. Needing help**  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 | Rarely | Sometimes | Frequently | All the time |
| 4 | 3 | 2 | 1 | 0 |
| **9. Sleep**  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 | Rarely | Sometimes | Frequently | Every night |
| 4 | 3 | 2 | 1 | 0 |
| **10. Fatigue or low energy**  How much fatigue or low energy have you felt in the last 2 weeks? | Not at all | Slight | Moderate | Severe | Extreme |
| 4 | 3 | 2 | 1 | 0 |
| **11. Emotional well-being**  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 | Slightly | Moderately | Severely | Extremely |
| 4 | 3 | 2 | 1 | 0 |
| **12. Understanding of your condition and any current treatment**  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 | Very well | Moderately | Slightly | Not at all |
| 4 | 3 | 2 | 1 | 0 |
| **13. Confidence in being able to manage your symptoms**  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 | Very | Moderately | Slightly | Not at all |
| 4 | 3 | 2 | 1 | 0 |
| **14. Overall impact**  How much have your joint or muscle symptoms bothered you overall in the last 2 weeks? | Not at all | Slightly | Moderately | Very much | Extremely |
| 4 | 3 | 2 | 1 | 0 |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Physical activity levels**  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? *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.* | | | | | | | |
| None | 1 day | 2 days | 3 days | 4 days | 5 days | 6 days | 7 days |

Thank you for completing this questionnaire. Please email to [carl.smith7@nhs.net](mailto:carl.smith7@nhs.net) (BSUH Occupational Health Physiotherapist)

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