

NAME: \_\_\_\_\_ DOB: \_\_\_\_\_

DATE: \_\_\_\_\_

## Short Musculoskeletal Function Assessment

To be completed by the PATIENT

SCORE:    DYSFUNCTION INDEX: \_\_\_\_\_ %    Previous: \_\_\_\_\_ %    Date: \_\_\_\_\_

BOTHER INDEX: \_\_\_\_\_ %    Previous: \_\_\_\_\_ %    Date: \_\_\_\_\_

These questions are about how much difficulty you may be having this week with your daily activities because of your injury or arthritis.

	Not at all difficult	A little difficult	Moderately difficult	Very difficult	Unable to do
01. How difficult is it for you to get in or out of a low chair?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
02. How difficult is it for you to open medicine bottles or jars?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
03. How difficult is it for you to shop for groceries or other things?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
04. How difficult is it for you to climb stairs?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
05. How difficult is it for you to make a tight fist?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
06. How difficult is it for you to get in or out of the bathtub or shower?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
07. How difficult is it for you to get comfortable to sleep?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
08. How difficult is it for you to bend or kneel down?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
09. How difficult is it for you to use buttons, snaps, hooks, or zippers?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10. How difficult is it for you to cut your own fingernails?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
11. How difficult is it for you to dress yourself?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
12. How difficult is it for you to walk?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
13. How difficult is it for you to get moving after you have been sitting or lying down?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
14. How difficult is it for you to go out by yourself?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
15. How difficult is it for you to drive?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
16. How difficult is it for you to clean yourself after going to the bathroom?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
17. How difficult is it for you turn knobs or levers, for example, open doors, roll down car windows?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
18. How difficult is it for you to write or type?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
19. How difficult is it for you to pivot?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
20. How difficult is it for you to do your usual physical recreational activities, such as bicycling, jogging, or walking?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
21. How difficult is it for you to do your usual leisure activities, such as hobbies, crafts, gardening, card playing, going out with friends?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
22. How much difficulty are you having with sexual activity?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
23. How difficult is it for you to do <u>light</u> housework <u>or</u> yardwork, such as dusting, washing dishes, or watering plants?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
24. How difficult is it for you to do <u>heavy</u> housework <u>or</u> yardwork, such as washing floors, vacuuming, or mowing lawns?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
25. How difficult is it for you to do your usual work, such as a paid job, housework, volunteer activities?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Please continue on next page

NAME: \_\_\_\_\_ DOB: \_\_\_\_\_

DATE: \_\_\_\_\_

## Short Musculoskeletal Function Assessment

To be completed by the PATIENT

These next questions ask how often you are experiencing problems this week because of your injury or arthritis

	<u>None of the time</u>	<u>A little of the time</u>	<u>Some of the time</u>	<u>Most of the time</u>	<u>All of the time</u>
26. How often do you walk with a limp?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
27. How often do you avoid using your painful limb(s) or back?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
28. How often does your leg lock or give-way?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
29. How often do you have problems with concentration?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
30. How often does doing too much in one day affect what you do the next day?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
31. How often do you act irritable toward those around you, for example, snap at people, give sharp answers, or criticize easily?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
32. How often are you tired?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
33. How often do you feel disabled?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
34. How often do you feel angry or frustrated that you have this injury or arthritis?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

These next questions are about how much you are bothered by problems you are having this week due to your injury or arthritis

How much are you bothered by:	<u>Not bothered at all</u>	<u>A little bothered</u>	<u>Moderately bothered</u>	<u>Very bothered</u>	<u>Extremely bothered</u>
35. Problems using your hands?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
36. Problems using your back?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
37. Problems doing work around your home?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
38. Problems with bathing, dressing, toileting or other personal care?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
39. Problems with sleep and rest?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
40. Problems with leisure or recreational activities?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
41. Problems with your friends, family or other important people in your life?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
42. Problems with thinking, concentrating or remembering?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
43. Problems adjusting or coping with your injury or arthritis?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
44. Problems doing your usual work?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
45. Problems with feeling dependent on others?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
46. Problems with stiffness and pain?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Reproduced from: Marc F. Swionkowski, M.D.; Ruth Engelberg, Ph.D.; Diane P. Martin, Ph.D.; and Julie Agel, M.A. Short Musculoskeletal Function Assessment Questionnaire: Validity, Reliability, Responsiveness. *J Bone Joint Surg AM* 81:1245-60, 1999.