

TAKE CONTROL: Assess Your Joint Status

What's Your Risk?

- 1) Are you 45 years of age or older?
- 2) Have you ever had an injury to your knee severe enough to put you in bed; to force you to use a cane, crutch or brace; or to require surgery?
- 3) Are you more than 10 pounds overweight?
- 4) Have you in the past, or do you currently, participate in greater than 3 hours per day of heavy physical activities, such as bending, lifting, or carrying items?
- 5) Did you have hip problems that caused you to limp as a child?

What Are Your Symptoms?

- 6) Has a doctor ever told you that you have arthritis?
- 7) During the past 12 months, have you had pain, aching, stiffness, or swelling in or around a joint?
- 8) In a typical month, were these symptoms present daily for at least half of the days in the month?
- 9) Do you have pain in your knee or hip when climbing stairs or walking 2-3 blocks (1/4 mile) on flat ground?
- 10) Do you have daily pain or stiffness in your hand joints?
- 11) Are you now limited in any way in any activities because of joint symptoms (pain, aching, stiffness, loss of motion)?
- 12) Because of joint symptoms, rate your ability to do the following then add the numbers shown next to each of your answers.

0--Without ANY Difficulty, 1--With SOME Difficulty, 2--With MUCH Difficulty, 3--UNABLE to Do

a. Dress yourself, including shoelaces and buttons? _____

b. Stand up from an armless, straight chair? _____

c. Get in and out of a car? _____

d. Open a car door? _____

TOTAL: _____

- IF YOU ANSWERED YES TO ANY OF QUESTIONS 1-5, YOU ARE AT RISK FOR ARTHRITIS.
- IF YOU ANSWERED YES TO TWO OR MORE OF QUESTIONS 6-11, YOU MIGHT HAVE SYMPTOMS OF ARTHRITIS.
- IF YOU SCORED A 6 OR MORE ON QUESTION 12, PLEASE CONTACT YOUR DOCTOR IMMEDIATELY.

For a FREE joint health kit, contact the Arthritis Foundation at www.arthritis.org or 1-800-283-7800.