

Shoulder & Elbow HRA Questions

Questions	Potential Answers	Customization Info
Name & UserType Options	Myself	Required - can customize whether you want to present caregiver field.
	Caregiver	Can also customize Page Introduction text, Myself selected text, and
		Someone Else selected text if applicable.
Email Address		Optional - can toggle off email capture. Can also customize the page
		introduction text on this page.
Sex	Male	Required & Not Customizeable
	Female	
Height		Required & Not Customizeable
Weight		Required - can customize whether you want BMI calculation shown on
		screen or not to participant
Gender Pronouns Display & Text		Optional - be default this question is hidden
Ethnicity	White	Required - can customize the page introduction text that reads by default
(Always available)	Black or African American	'Methodologies for preventative screenings are determined, in part, by
	Hispanic or Latino	sex at birth, age, and ethnicity. Please provide the following information
	Asian	to increase the accuracy of your assessment:'
	American Indian or Alaska Native	
	Native Hawaiian or Other Pacific Islander	
	Other	
	Unknown/no answer	
Race	White	Optional additional question
(Only populated if Detailed Race/Ethnic Origin option selected)	Black or African American	
	Asian	
	American Indian or Alaska Native	
	Native Hawaiian or Other Pacific Islander	
	Other	
	Unknown/no answer	
Ethnic Origin	Not Hispanic or Latino	Optional additional question
(Only populated if Detailed Race/Ethnic Origin option selected)	Hispanic or Latino	
	Unknown/no answer	
In a typical week, what types of physical activity do you engage in? Check all that apply.	Moderate activity (examples)	Required and not customizeable
	Vigorous activity (examples)	
	None of these	
Describe your moderate activity in a typical week.	x minutes per day	Required - can customize text in parentheses - default is '(walking,
	x days a week	biking, active yoga, dancing, recreational swimming)'
Describe your vigorous activity in a typical week.	x minutes per day	Required - can customize text in parentheses - default is '(running, hiking
bestine your vigorous activity in a typical vector.	x days a week	uphill, singles tennis, swimming laps)'
Do you have a (primary care name)? Default: primary care physician	(Not answered)	Required - can customize the wording of PCP ex/ 'primary care provider'
bo you have a (primary care name): Detaute primary care physician	Yes	vs 'primary care physician'
	No No	vs primary care physician
	I don't know	
De control de la		Outland additional acceptan
Do you have a (specialist name)? Default: orthopedic specialist	(Not answered)	Optional additional question
	Yes	
	No	
	I don't know	
Is your provider part of {ORGANIZATION_NAME}?	No	Optional additional question
	Yes	
	(not answered)	
Provider Name {label is customizable}	Provider Name	Optional additional question
Is your provider part of {ORGANIZATION_NAME}?	No	Optional additional question
	Yes	
	(not answered)	
Provider Name {label is customizable}	Physician Name	Optional additional question
Which joint would you like to assess?	Left shoulder	Required and not customizeable
	Right shoulder	
	Left elbow	
	Right elbow	
	(not answered)	
How would you describe the pain you usually have in your shoulder?	None	Required and not customizeable
	Very mild	
	Mild	
	Moderate	
	Severe	
	(not answered)	
How would you describe the pain you usually have in your elbow?	None	Required and not customizeable
. , , , , , , , , , , , , , , , , , , ,	Very mild	
	Mild	
	Moderate	
	Severe	
	(not answered)	
How would you describe the worst pain you've had in your shoulder?	None	Required and not customizeable
now would you describe the worst pailt you've had in your shoulder?		ricquired and not custofffizeable
	Mild	
	Moderate	
	Severe	
	Unbearable	
	(not answered)	
How would you describe the worst pain you've had in your elbow?	None	Required and not customizeable
	Mild	
	Moderate	
	Severe	
	Unbearable	
	(not answered)	
Have you been troubled by pain from your shoulder in bed at night?	No nights	Required and not customizeable
*	Only one or two nights	
	Some nights	
	Most nights	
	Every night	
	(not answered)	
Have you been troubled by pain from your elbow in hed at night?		Required and not customizeable
Have you been troubled by pain from your elbow in bed at night?	No nights Only one or two nights	Required and not customizeable

	Some nights	
	Most nights	
	Every night	
Harmonia harmonia forma and a blanchar format a blanchar and a bla	(not answered)	Described and not controlled by
How much has pain from your shoulder interfered with your usual work? (including housework)	Not at all A little bit	Required and not customizeable
	Moderately	
	Greatly	
	Totally	
	(not answered)	
How much has pain from your elbow interfered with your usual work? (including housework)	Not at all	Descriped and not austominable
now much has pain from your elbow interfered with your usual work? (including nousework)	A little bit	Required and not customizeable
	Moderately	
	Greatly	
	Totally	
	(not answered)	
Have you had any trouble (or worry) dressing yourself because of your shoulder?	No trouble / no worries	Required and not customizeable
Thave you had any trouble (or won'y) dressing yoursen because or your shoulder:	Slight trouble or worry	nequired and not customizeable
	Moderate trouble or worry	
	Extreme difficulty	
	Impossible to do	
	(not answered)	
Have you felt that your elbow pain is "controlling your life"?	Not at all	Required and not customizeable
, , , , , , , , , , , , , , , , , , , ,	Occasionally	
	Some days	
	Most days	
	Every day	
	(not answered)	
Have you been able to use a knife and fork at the same time?	Yes, easily	Required and not customizeable
,	With little difficulty	
	With moderate difficulty	
	With extreme difficulty	
	No, impossible	
	(not answered)	
How much has your elbow pain been "on your mind"?	Not at all	Required and not customizeable
,	A little bit of the time	
	Some of the time	
	Most of the time	
	All of the time	
	(not answered)	
Can you do household shopping on your own?	Yes, easily	Required and not customizeable
Can you do nouschold shopping on your own.	With little difficulty	nequired and not easternized ble
	With moderate difficulty	
	With extreme difficulty	
	No, impossible	
	(not answered)	
How often has your elbow pain interfered with your sleeping?	Not at all	Required and not customizeable
now often has your elbow pair interfered war your steeping.		nequired and not customized ble
	Occasionally	
	Occasionally Some days	
	Some days	
	Some days Most days	
	Some days Most days Every day	
Can you carry a tray containing a plate of food across a room?	Some days Most days Every day (not answered)	Required and not customizeable
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Have you had any trouble getting in and out of a car or using public transportation because of your shoulder? Have you had any trouble dressing yourself because of your elbow? Have you been able to wash and dry yourself under both arms? Have you had any trouble washing and drying yourself (all over) because of your elbow?	Some days Most days Every day (not answered) Yes, easily With little difficulty With moderate difficulty With extreme difficulty No, impossible (not answered) Not at all Occasionally Some days Most days Every day (not answered) No trouble at all Very little trouble Moderate trouble Extreme difficulty Impossible to do (not answered) No trouble at all Very little trouble Moderate trouble Extreme difficulty Impossible to do (not answered) No trouble at all Very little trouble Moderate trouble Extreme difficulty Impossible to do (not answered) No trouble at all Very little trouble Moderate trouble Extreme difficulty Impossible to do (not answered) No trouble at all Very little trouble Moderate trouble Extreme difficulty Impossible to do (not answered) No trouble at all Very little trouble Moderate trouble Extreme difficulty Impossible to do (not answered) No trouble at all Very little trouble Moderate trouble Extreme difficulty Impossible to do (not answered) Very little trouble Moderate trouble Extreme difficulty Impossible to do (not answered) Very little trouble Moderate trouble Extreme difficulty Impossible to do (not answered) Very little difficulty With inter difficulty With moderate difficulty With extreme difficulty With extreme difficulty	Required and not customizeable
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Have you had any trouble getting in and out of a car or using public transportation because of your shoulder? Have you had any trouble dressing yourself because of your elbow? Have you been able to wash and dry yourself under both arms? Have you had any trouble washing and drying yourself (all over) because of your elbow? Can you brush/comb your hair with the affected arm?	Some days Most days Every day (not answered) Yes, easily With little difficulty With extreme difficulty With extreme difficulty No, impossible (not answered) Not at all Occasionally Some days Most days Every day (not answered) No trouble at all Very little trouble Moderate trouble Extreme difficulty Impossible to do (not answered) No trouble at all Very little trouble Moderate trouble Extreme difficulty Impossible to do (not answered) No trouble at all Very little trouble Moderate trouble Extreme difficulty Impossible to do (not answered) No trouble at all Very little trouble Moderate trouble Extreme difficulty Impossible to do (not answered) No trouble at all Very little trouble Moderate trouble Extreme difficulty Impossible to do (not answered) No trouble at all Very little trouble Moderate trouble Extreme difficulty Impossible to do (not answered) Ves, easily With little difficulty With moderate difficulty With moderate difficulty With moderate difficulty With extreme difficulty With extreme difficulty With moderate difficulty No, impossible (not answered)	Required and not customizeable Required and not customizeable
How often has your elbow pain limited your ability to take part in leisure activities? Have you had any trouble getting in and out of a car or using public transportation because of your shoulder? Have you had any trouble dressing yourself because of your elbow? Have you been able to wash and dry yourself under both arms? Have you had any trouble washing and drying yourself (all over) because of your elbow?	Some days Most days Every day (not answered) Yes, easily With little difficulty With moderate difficulty With extreme difficulty No, impossible (not answered) Not at all Occasionally Some days Most days Every day (not answered) No trouble at all Very little trouble Moderate trouble Extreme difficulty impossible to do (not answered) No trouble at all Very little trouble Moderate trouble Extreme difficulty impossible to do (not answered) No trouble at all Very little trouble Moderate trouble Extreme difficulty impossible to do (not answered) No trouble at all Very little trouble Moderate trouble Extreme difficulty impossible to do (not answered) No trouble at all Very little trouble Moderate trouble Extreme difficulty impossible to do (not answered) No trouble at all Very little trouble Moderate trouble Extreme difficulty impossible to do (not answered) No trouble at all Very little trouble Moderate trouble Extreme difficulty impossible to do (not answered) Ves, easily With little difficulty With moderate difficulty With moderate difficulty With moderate difficulty With extreme difficulty No, impossible	Required and not customizeable

	Little trouble	
	Moderate trouble	
	Extreme difficulty	
	Impossible to do	
	(not answered)	
Can you hang your clothes up in a closet using the affected arm?	Yes, easily	Required and not customizeable
	With little difficulty	·
	With moderate difficulty	
	With extreme difficulty	
	1	
	No, impossible	
	(not answered)	
Have you had any trouble lifting things in your home, such as taking out the trash, because of your elbow?	No trouble at all	Required and not customizeable
	Little trouble	
	Moderate trouble	
	Extreme difficulty	
	Impossible to do	
	(not answered)	
How much has the problem with your shoulder interfered with your sporting activities or hobbies?	Notatall	Required and not customizeable
	Occasionally	
	Some days	
	Most days	
	Every day	
	(not answered)	
University to a state of the st	Not at all	Described and astronomic solds
How much has the problem with your shoulder interfered with your ability (or willingness) to lift heavy		Required and not customizeable
objects?	Occasionally	
	Some days	
	Most days	
	Every day	
	(not answered)	
How often has your shoulder been "on your mind"?	Never or only if someone asks	Required and not customizeable
	Occasionally	
	Some days	
	Most days	
	Every day	
	(not answered)	
During the least Connection to the connection of	Not at all	Described and astronomic solds
During the last 6 months, how many times has your shoulder slipped out of joint (or dislocated)?		Required and not customizeable
	1 or 2 times	
	1 or 2 times per month	
	1 or 2 times per week	
	More often than 1 or 2 times per week	
	(not answered)	
During the last 3 months, have you avoided any activities due to worry about your shoulder / feared that it	Notatall	Required and not customizeable
might slip out of joint?	Very occasionally	
	Some days	
	Most days or more than one activity	
	Every day or many activities	
	(not answered)	
During the last 3 months, has the problem with your shoulder prevented you from doing things that are	Notatall	Required and not customizeable
important to you?		neganes and not customized bic
important to you:	Very occasionally	
	Some days	
	Most days or more than one activity	
	Every day or many activities	
	(not answered)	
During the last 3 months, how much has the problem with your shoulder interfered with your social life?	Not at all	Required and not customizeable
(including sexual activity, if applicable)	Occasionally	
	Some days	
	Most days	
	Every day	
	(not answered)	
L	[[mail:mail:mail:mail:mail:mail:mail:mail:	

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