

Shoulder & Elbow HRA Questions

Questions	Potential Answers	Customization Info
Name & User Type Options	Myself Caregiver	Required - can customize whether you want to present caregiver field. 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 Female	Required & Not Customizable
Height		Required & Not Customizable
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 (Always available)	White Black or African American Hispanic or Latino Asian American Indian or Alaska Native Native Hawaiian or Other Pacific Islander Other Unknown/no answer	Required - can customize the page introduction text that reads by default 'Methodologies for preventative screenings are determined, in part, by sex at birth, age, and ethnicity. Please provide the following information to increase the accuracy of your assessment.'
Race (Only populated if Detailed Race/Ethnic Origin option selected)	White Black or African American Asian American Indian or Alaska Native Native Hawaiian or Other Pacific Islander Other Unknown/no answer	Optional additional question
Ethnic Origin (Only populated if Detailed Race/Ethnic Origin option selected)	Not Hispanic or Latino Hispanic or Latino Unknown/no answer	Optional additional question
In a typical week, what types of physical activity do you engage in? Check all that apply.	Moderate activity (examples) Vigorous activity (examples) None of these	Required and not customizable
Describe your moderate activity in a typical week.	x minutes per day x days a week	Required - can customize text in parentheses - default is '(walking, biking, active yoga, dancing, recreational swimming)'
Describe your vigorous activity in a typical week.	x minutes per day x days a week	Required - can customize text in parentheses - default is '(running, hiking uphill, singles tennis, swimming laps)'
Do you have a (primary care name)? Default: primary care physician	(Not answered) Yes No I don't know	Required - can customize the wording of PCP ex/ 'primary care provider' vs 'primary care physician'
Do you have a (specialist name)? Default: orthopedic specialist	(Not answered) Yes No I don't know	Optional additional question
Is your provider part of {ORGANIZATION_NAME}?	No Yes (not answered)	Optional additional question
Provider Name (label is customizable)	Provider Name	Optional additional question
Is your provider part of {ORGANIZATION_NAME}?	No Yes (not answered)	Optional additional question
Provider Name (label is customizable)	Physician Name	Optional additional question
Which joint would you like to assess?	Left shoulder Right shoulder Left elbow Right elbow (not answered)	Required and not customizable
How would you describe the pain you usually have in your shoulder?	None Very mild Mild Moderate Severe (not answered)	Required and not customizable
How would you describe the pain you usually have in your elbow?	None Very mild Mild Moderate Severe (not answered)	Required and not customizable
How would you describe the worst pain you've had in your shoulder?	None Mild Moderate Severe Unbearable (not answered)	Required and not customizable
How would you describe the worst pain you've had in your elbow?	None Mild Moderate Severe Unbearable (not answered)	Required and not customizable
Have you been troubled by pain from your shoulder in bed at night?	No nights Only one or two nights Some nights Most nights Every night (not answered)	Required and not customizable
Have you been troubled by pain from your elbow in bed at night?	No nights Only one or two nights	Required and not customizable

	Some nights Most nights Every night (not answered)	
How much has pain from your shoulder interfered with your usual work? (including housework)	Not at all A little bit Moderately Greatly Totally (not answered)	Required and not customizable
How much has pain from your elbow interfered with your usual work? (including housework)	Not at all A little bit Moderately Greatly Totally (not answered)	Required and not customizable
Have you had any trouble (or worry) dressing yourself because of your shoulder?	No trouble / no worries Slight trouble or worry Moderate trouble or worry Extreme difficulty Impossible to do (not answered)	Required and not customizable
Have you felt that your elbow pain is "controlling your life"?	Not at all Occasionally Some days Most days Every day (not answered)	Required and not customizable
Have you been able to use a knife and fork at the same time?	Yes, easily With little difficulty With moderate difficulty With extreme difficulty No, impossible (not answered)	Required and not customizable
How much has your elbow pain been "on your mind"?	Not at all A little bit of the time Some of the time Most of the time All of the time (not answered)	Required and not customizable
Can you do household shopping on your own?	Yes, easily With little difficulty With moderate difficulty With extreme difficulty No, impossible (not answered)	Required and not customizable
How often has your elbow pain interfered with your sleeping?	Not at all Occasionally Some days Most days Every day (not answered)	Required and not customizable
Can you carry a tray containing a plate of food across a room?	Yes, easily With little difficulty With moderate difficulty With extreme difficulty No, impossible (not answered)	Required and not customizable
How often has your elbow pain limited your ability to take part in leisure activities?	Not at all Occasionally Some days Most days Every day (not answered)	Required and not customizable
Have you had any trouble getting in and out of a car or using public transportation because of your shoulder?	No trouble at all Very little trouble Moderate trouble Extreme difficulty Impossible to do (not answered)	Required and not customizable
Have you had any trouble dressing yourself because of your elbow?	No trouble at all Very little trouble Moderate trouble Extreme difficulty Impossible to do (not answered)	Required and not customizable
Have you been able to wash and dry yourself under both arms?	No trouble at all Very little trouble Moderate trouble Extreme difficulty Impossible to do (not answered)	Required and not customizable
Have you had any trouble washing and drying yourself (all over) because of your elbow?	No trouble at all Very little trouble Moderate trouble Extreme difficulty Impossible to do (not answered)	Required and not customizable
Can you brush/comb your hair with the affected arm?	Yes, easily With little difficulty With moderate difficulty With extreme difficulty No, impossible (not answered)	Required and not customizable
Have you had any trouble carrying shopping bags because of your elbow?	No trouble at all	Required and not customizable

	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 With little difficulty With moderate difficulty With extreme difficulty No, impossible (not answered)	Required and not customizable
Have you had any trouble lifting things in your home, such as taking out the trash, because of your elbow?	No trouble at all Little trouble Moderate trouble Extreme difficulty Impossible to do (not answered)	Required and not customizable
How much has the problem with your shoulder interfered with your sporting activities or hobbies?	Not at all Occasionally Some days Most days Every day (not answered)	Required and not customizable
How much has the problem with your shoulder interfered with your ability (or willingness) to lift heavy objects?	Not at all Occasionally Some days Most days Every day (not answered)	Required and not customizable
How often has your shoulder been "on your mind"?	Never or only if someone asks Occasionally Some days Most days Every day (not answered)	Required and not customizable
During the last 6 months, how many times has your shoulder slipped out of joint (or dislocated)?	Not at all 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)	Required and not customizable
During the last 3 months, have you avoided any activities due to worry about your shoulder / feared that it might slip out of joint?	Not at all Very occasionally Some days Most days or more than one activity Every day or many activities (not answered)	Required and not customizable
During the last 3 months, has the problem with your shoulder prevented you from doing things that are important to you?	Not at all Very occasionally Some days Most days or more than one activity Every day or many activities (not answered)	Required and not customizable
During the last 3 months, how much has the problem with your shoulder interfered with your social life? (including sexual activity, if applicable)	Not at all Occasionally Some days Most days Every day (not answered)	Required and not customizable