

<p>INTRO</p>	<p><b>INTRO</b></p> <p>Chronic pain (pain lasting more than 3 months) is a major cause of human suffering and affects 1 in 5 of the general population. We need to know more about the causes of chronic pain if we are going to improve current treatments or develop new treatments.</p> <p>UK Biobank provides a unique opportunity to better understand chronic pain. We hope to combine the results of this questionnaire with other information you have provided to gain a deeper understanding of the risk factors, triggers and underlying causes of the different kinds of chronic pain.</p> <p>Please answer all the following questions even if you do not suffer from chronic pain – having information from people who do not experience chronic pain is critical to allow us to better understand the information from people who do experience chronic pain.</p> <p>The questionnaire is split into sections, each section having a slightly different purpose. The questionnaire will automatically skip questions that do not apply to you so don't worry if it looks like you missed questions out. However, you may notice that there is still some overlap in several questions; this is necessary to ensure that all the information we collect is completely reliable. We would therefore be grateful if you can answer all the questions you are asked, even if you think you have already provided the information.</p>		
	<p>To help you as you work your way through the questionnaire:</p> <ul style="list-style-type: none"> <li>• Most devices will allow you to click or tap the description beside a choice button to select it. Click or tap on this sentence. Click /tap here. and over here.</li> <li>• A slider allows you to select a value from a range. Click or tap or drag the slider pointer until your chosen value is displayed.</li> <li>• The progress bar at the bottom of each page (see below) is split into blocks, with each block representing a different section of the questionnaire.</li> </ul>		
<p><b>SECTION A</b></p>			
Code	Question text	Data Type	Response
AIntro	<p>This questionnaire is participant specific. It should only be completed by the person named on the email invite OR the person who logged into the participant website.</p> <p>First, we need to check a few things.</p>		
A1	<p>Please confirm your month and year of birth</p>	<p>Selection</p>	<p>01 = January 02 = February 03 = March 04 = April 05 = May 06 = June 07 = July 08 = August 09 = September 10 = October 11 = November 12 = December</p>

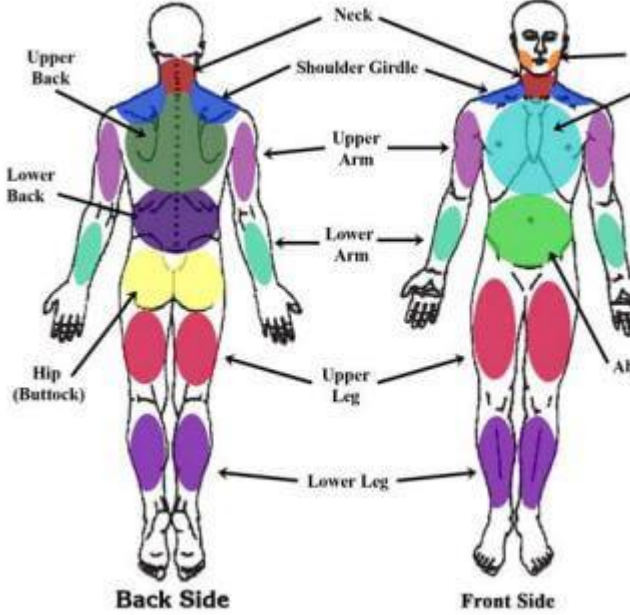
		Selection	Allows selection of an integer between 1934 and 1971
A2	Please confirm your sex	Selection	01 = Male 02 = Female
AINTROrest art	Now let's continue from where you left off....		
ACLOSE	Now let's start the questionnaire.		
<b>SECTION B</b>			
Code	Question text	Data Type	Response Format
BINTRO	Let's start with a few general questions about your health and pain that you may have.		
BLOCKB1	Have you ever been told by a doctor that you have had any of the following conditions?		
B1a	Osteoarthritis affecting one or more joints (e.g. hip, knee, shoulder)	Selection	01=Yes 00=No DK=Do not know DA=Prefer not to answer
B1b	Rheumatoid arthritis affecting one or more joints	Selection	01=Yes 00=No DK=Do not know DA=Prefer not to answer
B1c	Cancer pain	Selection	01=Yes 00=No DK=Do not know DA=Prefer not to answer
B1d	Carpal tunnel syndrome	Selection	01=Yes 00=No DK=Do not know DA=Prefer not to answer
B1e	Chronic regional pain syndrome (also known as CRPS)	Selection	01=Yes 00=No DK=Do not know DA=Prefer not to answer
B1f	Chronic post-surgical pain	Selection	01=Yes 00=No DK=Do not know DA=Prefer not to answer
B1fi	When was this surgery performed?	Selection	Allows selection of an integer between YOB and current year DK=Do not know DA=Prefer not to answer
B1g	Diabetes (Type I or Type II)	Selection	01=Yes 00=No DK=Do not know DA=Prefer not to answer
B1h	Any cause of nerve damage/neuropathy other than diabetic neuropathy	Selection	01=Yes 00=No

			DK=Do not know DA=Prefer not to answer
B1i	Fibromyalgia syndrome	Selection	01=Yes 00=No DK=Do not know DA=Prefer not to answer
B1j	Chronic Fatigue Syndrome or Myalgic Encephalomyelitis (M.E.)	Selection	01=Yes 00=No DK=Do not know DA=Prefer not to answer
B1k	Gout	Selection	01=Yes 00=No DK=Do not know DA=Prefer not to answer
B1ki	Do you think you are currently experiencing a gout flare?	Selection	01=Yes 00=No DK=Do not know DA=Prefer not to answer
B1kii	Is your gout causing you to have a swollen joint now?	Selection	01=Yes 00=No DK=Do not know DA=Prefer not to answer
B1kiii	Is your gout causing you to have a warm joint now?	Selection	01=Yes 00=No DK=Do not know DA=Prefer not to answer
B1kiv	What was the average pain from your gout in the <b>past 24 hours</b> while you were resting? <i>Please indicate a number from 0 to 10, with 0 meaning "no pain" and 10 meaning "worst possible pain"</i>	VAS	0-10 VAS with 0 marked as no pain and 10 marked as worst possible pain DA=Prefer not to answer
B1l	Migraine	Selection	01=Yes 00=No DK=Do not know DA=Prefer not to answer
B1m	Pelvic pain	Selection	01=Yes 00=No DK=Do not know DA=Prefer not to answer
B1n	Post herpetic neuralgia (pain after shingles)	Selection	01=Yes 00=No DK=Do not know DA=Prefer not to answer
<b>SECTION C</b>			
Code	Question text	Data Type	Response Format
CINTRO	This section is about where you experience pain.		
<b>Pain over the last three months</b>			

C1	Are you troubled by pain or discomfort, either all the time or on and off, that has been present <b>for more than 3 months?</b>	Selection	01=Yes 00=No DK=Do not know DA=Prefer not to answer
C2	How long have you been suffering with this pain or discomfort?	Selection	01=3-12 months 02=1-5 years 03=More than 5 years DK=Do not know DA=Prefer not to answer
BLOCKC3	<b>Now we are going to ask you about where you experience this pain or discomfort.</b> <b>In the last 3 months</b> have you experienced pain or discomfort in any of the following areas?		
C3a	Pain all over the body	Selection	01=Yes 00=No DK=Do not know DA=Prefer not to answer
C3ai	<b>Thinking about the last 24 hours</b> , how would you rate your <b>pain</b> on a 0-10 scale, where 0 is 'no pain' and 10 is 'pain as bad as it could be'?	VAS	0-10 VAS with 0 marked as no pain and 10 marked as pain as bad as it could be. DA=Prefer not to answer
C3b	Head	Selection	01=Yes 00=No DK=Do not know DA=Prefer not to answer
C3c	Face	Selection	01=Yes 00=No DK=Do not know DA=Prefer not to answer
C3d	Neck or shoulders	Selection	01=Yes 00=No DK=Do not know DA=Prefer not to answer
C3e	Back	Selection	01=Yes 00=No DK=Do not know DA=Prefer not to answer
	<b>In the last 3 months</b> have you experienced pain or discomfort in any of the following areas?		
C3f	Stomach or abdomen	Selection	01=Yes 00=No DK=Do not know DA=Prefer not to answer
C3g	Hips	Selection	01=Yes 00=No DK=Do not know DA=Prefer not to answer
C3h	Knees	Selection	01=Yes 00=No DK=Do not know

			DA=Prefer not to answer
C3i	Arms	Selection	01=Yes 00=No DK=Do not know DA=Prefer not to answer
	<b>In the last 3 months</b> have you experienced pain or discomfort in any of the following areas?		
C3j	Hands	Selection	01=Yes 00=No DK=Do not know DA=Prefer not to answer
C3k	Feet	Selection	01=Yes 00=No DK=Do not know DA=Prefer not to answer
C3ki	Is the pain present in both your feet?	Selection	01=Yes 00=No DK=Do not know DA=Prefer not to answer
C3l	Legs	Selection	01=Yes 00=No DK=Do not know DA=Prefer not to answer
C3m	Chest	Selection	01=Yes 00=No DK=Do not know DA=Prefer not to answer
C3n	(An)other part(s) of your body	Selection	01=Yes 00=No DA=Prefer not to answer
C3bi	<b>Thinking about the last 24 hours</b> , how would you rate your <b>head pain</b> on a 0-10 scale, where 0 is 'no pain' and 10 is 'pain as bad as it could be'?	VAS	0-10 VAS with 0 marked as no pain and 10 marked as pain as bad as it could be. DA=Prefer not to answer
C3ci	<b>Thinking about the last 24 hours</b> , how would you rate your <b>facial pain</b> on a 0-10 scale, where 0 is 'no pain' and 10 is 'pain as bad as it could be'?	VAS	0-10 VAS with 0 marked as no pain and 10 marked as pain as bad as it could be. DA=Prefer not to answer
C3di	<b>Thinking about the last 24 hours</b> , how would you rate your <b>neck or shoulder pain</b> on a 0-10 scale, where 0 is 'no pain' and 10 is 'pain as bad as it could be'?	VAS	0-10 VAS with 0 marked as no pain and 10 marked as pain as bad as it could be. DA=Prefer not to answer
C3ei	<b>Thinking about the last 24 hours</b> , how would you rate your <b>back pain</b> on a 0-10 scale, where 0 is 'no pain' and 10 is 'pain as bad as it could be'?	VAS	0-10 VAS with 0 marked as no pain and 10 marked as pain as bad as it could be. DA=Prefer not to answer

C3fi	<b>Thinking about the last 24 hours</b> , how would you rate your <b>stomach or abdomen pain</b> on a 0-10 scale, where 0 is 'no pain' and 10 is 'pain as bad as it could be'?	VAS	0-10 VAS with 0 marked as no pain and 10 marked as pain as bad as it could be. DA=Prefer not to answer
C3gi	<b>Thinking about the last 24 hours</b> , how would you rate your <b>hip pain</b> on a 0-10 scale, where 0 is 'no pain' and 10 is 'pain as bad as it could be'?	VAS	0-10 VAS with 0 marked as no pain and 10 marked as pain as bad as it could be. DA=Prefer not to answer
C3hi	<b>Thinking about the last 24 hours</b> , how would you rate your <b>knee pain</b> on a 0-10 scale, where 0 is 'no pain' and 10 is 'pain as bad as it could be'?	VAS	0-10 VAS with 0 marked as no pain and 10 marked as pain as bad as it could be. DA=Prefer not to answer
C3ii	<b>Thinking about the last 24 hours</b> , how would you rate your <b>arm pain</b> on a 0-10 scale, where 0 is 'no pain' and 10 is 'pain as bad as it could be'?	VAS	0-10 VAS with 0 marked as no pain and 10 marked as pain as bad as it could be. DA=Prefer not to answer
C3ji	<b>Thinking about the last 24 hours</b> , how would you rate your <b>hand pain</b> on a 0-10 scale, where 0 is 'no pain' and 10 is 'pain as bad as it could be'?	VAS	0-10 VAS with 0 marked as no pain and 10 marked as pain as bad as it could be. DA=Prefer not to answer
C3kii	<b>Thinking about the last 24 hours</b> , how would you rate your <b>foot pain</b> on a 0-10 scale, where 0 is 'no pain' and 10 is 'pain as bad as it could be'?	VAS	0-10 VAS with 0 marked as no pain and 10 marked as pain as bad as it could be. DA=Prefer not to answer
C3li	<b>Thinking about the last 24 hours</b> , how would you rate your <b>leg pain</b> on a 0-10 scale, where 0 is 'no pain' and 10 is 'pain as bad as it could be'?	VAS	0-10 VAS with 0 marked as no pain and 10 marked as pain as bad as it could be. DA=Prefer not to answer
C3mi	<b>Thinking about the last 24 hours</b> , how would you rate your <b>chest pain</b> on a 0-10 scale, where 0 is 'no pain' and 10 is 'pain as bad as it could be'?	VAS	0-10 VAS with 0 marked as no pain and 10 marked as pain as bad as it could be. DA=Prefer not to answer
C4	Which one of the pains you have experienced in the last 3 months has bothered you most?	Selection	01=Headache 02=Facial pain 03=Neck or shoulder pain 04=Back pain 05=Stomach or abdominal pain 06=Hip pain 07=Knee pain 08=Pain in arms 09=Pain in hands 10=Pain in the feet 11=Chest pain 12=Legs NN=None of the above DA=Prefer not to answer
<b>Pain over the last week</b>			
<b>Widespread pain</b>			

C5INTRO	You may notice that the next few questions are similar to the ones you have just answered. However this information is important so that we can find out a bit more about your recent pain.		
C5a	Have you been troubled by pain or tenderness during the past week?	Selection	01=Yes 00=No DK=Do not know DA=Prefer not to answer
C5b	<p>Please indicate if you have had pain or tenderness <b>during the past week</b> in each of the areas listed below.</p> 	Selection	01=Shoulder girdle, left 02=Shoulder girdle, right 03=Upper arm, left 04=Upper arm, right 05=Lower arm, left 06=Lower arm, right 07=Hip (buttock), left 08=Hip (buttock,) right 09 Upper leg, left 10=Upper leg, right 11=Lower leg, left 12=Lower leg, right 13=Jaw, left 14=Jaw, right 15=Chest 16=Abdomen 17=Neck 18=Upper back 19=Lower back NN=None of these areas DA=Prefer not to answer
<b>Symptom Severity</b>			
BLOCKC6	For each of these 3 symptoms, indicate the level of severity over the past week.		
C6a	Fatigue		01=No problem 02=Slight or mild problems: generally mild or intermittent 03=Moderate: considerable problems; often present and/or at a moderate level 04=Severe: pervasive, continuous, life disturbing problems DA=Prefer not to answer
C6b	Waking unrefreshed		01=No problem 02=Slight or mild problems: generally mild or intermittent 03=Moderate: considerable problems; often present and/or at a moderate level



			04=Severe: pervasive, continuous, life disturbing problems DA=Prefer not to answer
C6c	Cognitive symptoms <i>For example, problems with memory, thinking skills and/or concentration.</i>		01=No problem 02=Slight or mild problems: generally mild or intermittent 03=Moderate: considerable problems; often present and/or at a moderate level 04=Severe: pervasive, continuous, life disturbing problems DA=Prefer not to answer
BLOCKC7	During the <b>past 6 months</b> have you had any of the following symptoms?		
C7a	Pain or cramps in lower abdomen		01=Yes 00=No DA=Prefer not to answer
C7b	Depression		01=Yes 00=No DA=Prefer not to answer
C7c	Headache		01=Yes 00=No DA=Prefer not to answer
<b>SECTION D</b>			
Code	Question text	Data Type	Response Format
DINTRO	The next section is about what your pain feels like. Please answer this question by <b>thinking about the pain that bothers you most</b> , i.e. your *** **.*.		
BLOCKD1	Does the pain have one or more of the following characteristics?		
D1a	Burning	Selection	01=Yes 00=No DK=Do not know DA=Prefer not to answer
D1b	Painful cold	Selection	01=Yes 00=No DK=Do not know DA=Prefer not to answer
D1c	Electric shocks	Selection	01=Yes 00=No DK=Do not know DA=Prefer not to answer
BLOCKD2	Is the pain associated with one or more of the following symptoms in the same area?		
D2a	Tingling	Selection	01=Yes 00=No DK=Do not know DA=Prefer not to answer
D2b	Pins and needles	Selection	01=Yes 00=No



			DK=Do not know DA=Prefer not to answer
D2c	Numbness	Selection	01=Yes 00=No DK=Do not know DA=Prefer not to answer
D2d	Itching	Selection	01=Yes 00=No DK=Do not know DA=Prefer not to answer
<b>SECTION E</b>			
<b>Code</b>	<b>Question text</b>	<b>Data Type</b>	<b>Response Format</b>
EINTRO	<b>Now we would like to know a bit about headaches</b>		
E1	Have you ever had bad and/or recurring headaches at any time in your life?	Selection	01=Yes 00=No DA=Prefer not to answer
E2	On how many <b>days</b> in the <b>past 3 months</b> did you have a headache <i>of any severity</i> ? If a headache lasted more than 1 day, count each day.	Selection	EBOX2 allows an integer between 0 to 90 EBOX2 is suffixed "days" DA=Prefer not to answer
E3	Think about the time when those headaches were at their worst.  About how long ago did those headaches begin?	Selection	EBOX3a allows an integer between 0 and (current age – 4)  EBOX3a is prefixed "About" and suffixed "years ago"  EBOX3b allows an integer between 0 and 11 EBOX3b is prefixed "or about" and suffixed "months ago."  DA=Prefer not to answer
E3a	About how long ago did those headaches end?	Selection	EBOX3aa allows an integer between 0 and 80  EBOX3aa is prefixed "About" and suffixed "years ago"  EBOX3ab allows an integer between 0 and 11  EBOX3ab is prefixed "or about" and suffixed "months ago." DA=Prefer not to answer

			<i>[Should not allow a value larger than that provided in E3.]</i>
E4	When your headaches were at their worst, about how many days a month did you have a headache?	Selection	EBOX4 allows an integer between 0 and 31. EBOX4 is suffixed "days" DA=Prefer not to answer
BLOCKE5	When your headaches were at their worst, did you experience any of the following:		
E5a	The pain was worse on just one side	Selection	01=Never 02=Rarely 03=Less Than Half the Time 04=Half the Time or More DA=Prefer not to answer
E5b	The pain was pounding, pulsating or throbbing	Selection	01=Never 02=Rarely 03=Less Than Half the Time 04=Half the Time or More DA=Prefer not to answer
E5c	The pain was moderate or severe	Selection	01=Never 02=Rarely 03=Less Than Half the Time 04=Half the Time or More DA=Prefer not to answer
E5d	The pain was made worse by routine activities such as walking or climbing stairs	Selection	01=Never 02=Rarely 03=Less Than Half the Time 04=Half the Time or More DA=Prefer not to answer
E5e	You felt, or were sick	Selection	01=Never 02=Rarely 03=Less Than Half the Time 04=Half the Time or More DA=Prefer not to answer
E5f	Light bothered you (more than when you did not have headaches)	Selection	01=Never 02=Rarely 03=Less Than Half the Time 04=Half the Time or More DA=Prefer not to answer
E5g	Sound bothered you (more than when you did not have headaches)	Selection	01=Never 02=Rarely 03=Less Than Half the Time 04=Half the Time or More DA=Prefer not to answer
BLOCKE6	Do you or did you develop any of the following warning symptoms <b>before or near the onset of your headache?</b>		
E6a	I develop visual changes such as spots, lines and heat waves or greying out of my vision.	Selection	01=Yes 00=No DA=Prefer not to answer

E6ai	My visual changes develop slowly over several minutes or more.	Selection	01=Yes 00=No DA=Prefer not to answer
E6b	I develop tingling or numbness in my face arms or legs.	Selection	01=Yes 00=No DA=Prefer not to answer
E6bi	The tingling and/or, numbness spreads slowly over several minutes over some part of my body.	Selection	01=Yes 00=No DA=Prefer not to answer
E6c	I develop tiredness, yawning, concentration problems, changes in mood or appetite, irritability, neck stiffness, light or sound sensitivity.	Selection	01=Yes 00=No DA=Prefer not to answer
E7	On <b>how many days</b> in the last <b>3 months</b> did your headaches interfere with your ability to work, study or enjoy life?	Selection	Allows selection of an integer from 0 to 90 DA=Prefer not to answer

**SECTION F**

Code	Question text	Data Type	Response Format
FINTRO	We would now like to ask about the feeling in your legs and feet. Select yes or no <b>based on how you usually feel.</b>		
F1	Are your legs and/or feet numb?	Selection	01=Yes 00=No DK=Do not know DA=Prefer not to answer
F2	Do you ever have any burning pain in your legs and/or feet?	Selection	01=Yes 00=No DK=Do not know DA=Prefer not to answer
F3	Are your feet too sensitive to touch?	Selection	01=Yes 00=No DK=Do not know DA=Prefer not to answer
F4	Do you get muscle cramps in your legs and/or feet?	Selection	01=Yes 00=No DK=Do not know DA=Prefer not to answer
F5	Do you ever have any prickling feelings in your legs or feet?	Selection	01=Yes 00=No DK=Do not know DA=Prefer not to answer
F6	Does it hurt when the bed covers touch your skin?	Selection	01=Yes 00=No DK=Do not know DA=Prefer not to answer

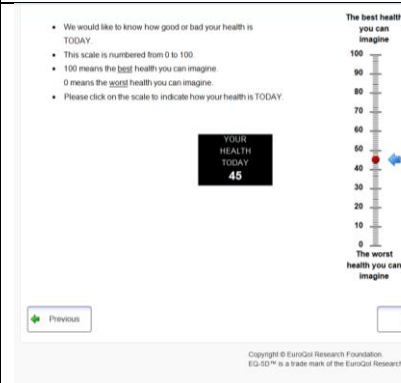
F7	When you get into the bath or shower, are you able to tell the hot water from the cold water?	Selection	01=Yes 00=No DK=Do not know DA=Prefer not to answer
F8	Have you ever had an open sore on your foot?	Selection	01=Yes 00=No DK=Do not know DA=Prefer not to answer
F9	Has the doctor ever told you that you that you have diabetic neuropathy?	Selection	01=Yes 00=No DK=Do not know DA=Prefer not to answer
F10	Do you feel weak <b>all over</b> most of the time?	Selection	01=Yes 00=No DK=Do not know DA=Prefer not to answer
F11	Are your symptoms worse at night?	Selection	01=Yes 00=No DK=Do not know DA=Prefer not to answer
F12	Do your legs hurt when you walk?	Selection	01=Yes 00=No DK=Do not know DA=Prefer not to answer
F13	Are you able to sense your feet when you walk?	Selection	01=Yes 00=No DK=Do not know DA=Prefer not to answer
F14	Is the skin on your feet so dry that it cracks open?	Selection	01=Yes 00=No DK=Do not know DA=Prefer not to answer
F15	Have you ever had an amputation?	Selection	01=Yes 00=No DK=Do not know DA=Prefer not to answer

**Impact of pain**

Code	Question text	Data Type	Response Format
GINTRO	Now we would like to know a bit about how your pain impacts on your life. Please answer this question by <b>thinking about the pain that bothers you most</b> , i.e. your <b>*** ****</b> .		
G1	Please rate your pain by selecting the number that best describes your pain at its <b>worst</b> in the <b>last 24 hours</b> .	VAS	0-10 VAS with 0 marked as no pain and 10 marked as pain as bad as you can imagine. DA=Prefer not to answer
G2	Please rate your pain by selecting the number that best describes your pain at its <b>least</b> in the <b>last 24 hours</b> .	VAS	0-10 VAS with 0 marked as no pain and 10 marked as pain as bad as you can imagine.

			DA=Prefer not to answer
G3	Please rate your pain by selecting the number that best describes your pain on <b>average</b> .	VAS	0-10 VAS with 0 marked as no pain and 10 marked as pain as bad as you can imagine. DA=Prefer not to answer
G4	Please rate your pain by selecting the number that tells how much pain you have <b>right now</b> .	VAS	0-10 VAS with 0 marked as no pain and 10 marked as pain as bad as you can imagine. DA=Prefer not to answer
G5	In the <b>last 24 hours</b> , how much relief have pain treatments or medications provided?  <i>Please select the percentage that most shows how much <b>relief</b> you have received.</i>	VAS	0-100 VAS in 10% increments with 0% marked as no relief and 100% marked as complete relief. NA = I am not taking any pain treatments or medications DA=Prefer not to answer
<b>BLOCK G6</b> Select the number that describes how, <b>during the past 24 hours</b> , pain has interfered with your:			
G6a	General Activity	VAS	0-10 VAS with 0 marked as does not interfere and 10 marked as completely interferes. DA=Prefer not to answer
G6b	Mood	VAS	0-10 VAS with 0 marked as does not interfere and 10 marked as completely interferes. DA=Prefer not to answer
G6c	Walking ability	VAS	0-10 VAS with 0 marked as does not interfere and 10 marked as completely interferes. DA=Prefer not to answer
G6d	Normal Work (includes both work outside the home and housework)	VAS	0-10 VAS with 0 marked as does not interfere and 10 marked as completely interferes. DA=Prefer not to answer
G6e	Relations with other people	VAS	0-10 VAS with 0 marked as does not interfere and 10 marked as completely interferes. DA=Prefer not to answer

G6f	Sleep	VAS	0-10 VAS with 0 marked as does not interfere and 10 marked as completely interferes. DA=Prefer not to answer
G6g	Enjoyment of life	VAS	0-10 VAS with 0 marked as does not interfere and 10 marked as completely interferes. DA=Prefer not to answer
<b>SECTION H</b>			
Code	Question text	Data Type	Response Format
HINTRO	Please click the ONE box that best describes your health <b>TODAY</b> .		
H1	Mobility	Selection	01=I have no problems in walking about 02=I have slight problems in walking about 03=I have moderate problems in walking about 04=I have severe problems in walking about 05=I am unable to walk about
H2	Self-care	Selection	01=I have no problems washing or dressing myself 02=I have slight problems washing or dressing myself 03=I have moderate problems washing or dressing myself 04=I have severe problems washing or dressing myself 05=I am unable to wash or dress myself
H3	Usual activities (e.g. work, study, housework, family or leisure activities)	Selection	01=I have no problems doing my usual activities 02=I have slight problems doing my usual activities 03=I have moderate problems doing my usual activities 04=I have severe problems doing my usual activities 05=I am unable to do my usual activities
H4	Pain/discomfort	Selection	01=I have no pain or discomfort 02=I have slight pain or discomfort 03=I have moderate pain or discomfort

			04=I have severe pain or discomfort 05=I have extreme pain or discomfort
H5	Anxiety/depression	Selection	01=I am not anxious or depressed 02=I am slightly anxious or depressed 03=I am moderately anxious or depressed 04=I am severely anxious or depressed 05=I am extremely anxious or depressed
H6	<p>We would like to know how good or bad your health is <b>TODAY</b>.</p> <p>This scale is numbered from 0 to 100 100 means the <u>best</u> health you can imagine. 0 means the <u>worst</u> health you can imagine.</p> <p>Please click on the scale to indicate how your health is <b>today</b>.</p>	Visual Analogue Scale	

**SECTION I**

Code	Question text	Data Type	Response Format
IINTRO	We next want to ask a few questions about your mood and feelings recently.		
BLOCK1	Over the <b>last 2 weeks</b> , how often have you been bothered by any of the following problems?		
I1a	Little interest or pleasure in doing things	Selection	01=Not at all 02=Several days 03=More than half the days 04=Nearly every day DA=Prefer not to answer
I1b	Feeling down, depressed, or hopeless	Selection	01=Not at all 02=Several days 03=More than half the days 04=Nearly every day DA=Prefer not to answer
I1c	Trouble falling or staying asleep, or sleeping too much	Selection	01=Not at all 02=Several days 03=More than half the days 04=Nearly every day DA=Prefer not to answer
I1d	Feeling tired or having little energy	Selection	01=Not at all 02=Several days 03=More than half the days 04=Nearly every day



			DA=Prefer not to answer
I1e	Poor appetite or overeating	Selection	01=Not at all 02=Several days 03=More than half the days 04=Nearly every day DA=Prefer not to answer
I1f	Feeling bad about yourself - or that you are a failure or have let yourself or your family down	Selection	01=Not at all 02=Several days 03=More than half the days 04=Nearly every day DA=Prefer not to answer
I1g	Trouble concentrating on things, such as reading the newspaper or watching television	Selection	01=Not at all 02=Several days 03=More than half the days 04=Nearly every day DA=Prefer not to answer
I1h	Moving or speaking so slowly that other people could have noticed? Or the opposite — being so fidgety or restless that you have been moving around a lot more than usual	Selection	01=Not at all 02=Several days 03=More than half the days 04=Nearly every day DA=Prefer not to answer
I1i	Thoughts that you would be better off dead or of hurting yourself in some way	Selection	01=Not at all 02=Several days 03=More than half the days 04=Nearly every day DA=Prefer not to answer
I2	How difficult have these problems made it for you to do your work, take care of things at home, or get along with other people?	Selection	01=Not difficult at all 02=Somewhat difficult 03=Very difficult 04=Extremely difficult DA=Prefer not to answer

**SECTION J**

Code	Question text	Data Type	Response Format
J1INTRO	Now we would like to know a little bit about your experience of fatigue.		
J1	Do you have persistent or recurrent tiredness, weariness or fatigue that has lasted <b>for at least 6 months?</b>	Selection	01=Yes 00=No DK=Do not know DA=Prefer not to answer
J1a	Does this tiredness, weariness or fatigue go away when you rest?	Selection	01=Yes 00=No DK=Do not know DA=Prefer not to answer
J1b	Is this tiredness, weariness or fatigue happening <b>only</b> because you have been exercising and/or working too much?	Selection	01=Yes 00=No DK=Do not know DA=Prefer not to answer

J1c	Do you get tired after minimal physical or mental exertion?	Selection	01=Yes 00=No DK=Do not know DA=Prefer not to answer
J2	Have you suffered from fatigue or exhaustion in the last week?	Selection	01=Yes 00=No DK=Do not know DA=Prefer not to answer
J3INTRO	<p>The following questions allow us to rate the severity of your fatigue symptoms. Read each statement and select a number from 1 to 7, based on how accurately it reflects your condition during the past week and the extent to which you agree or disagree that the statement applies to you. (A low value (e.g. 1) indicates strong disagreement with the statement, whereas a high value (e.g. 7) indicates strong agreement.</p>		
BLOCKJ3	During the past week, I have found that:		
J3a	My motivation is lower when I am fatigued	VAS	01=Disagree 02= 03= 04= 05= 06= 07= Agree DA=Prefer not to answer
J3b	Exercise brings on my fatigue	VAS	01=Disagree 02= 03= 04= 05= 06= 07= Agree DA=Prefer not to answer
J3c	I am easily fatigued		01=Disagree 02= 03= 04= 05= 06= 07= Agree DA=Prefer not to answer
J3d	Fatigue interferes with my physical functioning	VAS	01=Disagree 02= 03= 04= 05= 06= 07= Agree DA=Prefer not to answer
J3e	Fatigue causes frequent problems for me	VAS	01=Disagree 02= 03= 04=

			05= 06= 07= Agree DA=Prefer not to answer
J3f	My fatigue prevents sustained physical functioning	VAS	01=Disagree 02= 03= 04= 05= 06= 07= Agree DA=Prefer not to answer
J3g	Fatigue interferes with carrying out certain duties and responsibilities	VAS	01=Disagree 02= 03= 04= 05= 06= 07= Agree DA=Prefer not to answer
J3h	Fatigue is among my three most disabling symptoms	VAS	01=Disagree 02= 03= 04= 05= 06= 07= Agree DA=Prefer not to answer
J3i	Fatigue interferes with my work, family or social life	VAS	01=Disagree 02= 03= 04= 05= 06= 07= Agree DA=Prefer not to answer

**SECTION K**

Code	Question text	Data Type	Response Format
K1	If you wish to tell us anything else relevant to this questionnaire, then please use the space below.  Please note: after you press the <b>Save and finish</b> button below, you will no longer be able to change your answers.	Text	Text box
CLOSE	Many thanks for taking the time to answer these questions. We really appreciate your contribution. Your answers will be used, along with other UK Biobank data, to better understand chronic pain.  If you have concerns about any of the issues covered in the questionnaire, we suggest that you contact your GP.		

Over recent years, we have asked participants to complete questionnaires covering a range of topics including mental health, digestive health and occupational history. These are still available for you to complete if you have not already done so, and can be accessed via our participant website.

[Link to UKB Pt website](#)

[Link to UKB homepage](#)



copyright