

QUESTIONS ON THE MANAGEMENT OF YOUR HAND OSTEOARTHRITIS

There are several different treatment alternatives for hand osteoarthritis. By answering the questions below, you will help us improve the care for people with hand osteoarthritis. For each question, please tick off one of the boxes provided to answer what treatment, information, advice or support you have received or acquired for your hand osteoarthritis in the past _ months.

The source of information may be health professionals, mainstream media, internet, social media, mobile apps, patient organizations, family and friends or expert patients / peer-to-peer education.

		Yes	No	Don't remember
1	Have you been offered information about hand osteoarthritis?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	Have you been made aware that it is important to continue to use your hands in daily activities?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3	Have you been made aware that there are different treatment options for hand osteoarthritis?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4	Have you been offered support to self-manage your hand osteoarthritis?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5	Have you been offered guidance on how to exercise your hands?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		Yes	No	No such problems
6	If you have problems using your hands in daily activities, have these problems been assessed by a health professional?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7	If you have problems using your hands in daily activities, have you been offered guidance on use of assistive devices and alternative working methods?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8	If you have osteoarthritis in your thumb base joint, have you been offered a thumb splint for long term use to relieve pain?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9	If you have trouble working due to your hand osteoarthritis, have you been offered advice about how to remain in or return to work?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		Yes	No	No pain
10	If you have pain in your hand joints, has it been assessed by a health professional?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		Yes	No	Not applicable
11	If you have pain in your hand joints, was topical non-steroidal anti-inflammatory gel the first medication that was offered?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12	If you have pain that was not sufficiently relieved by non-steroidal anti-inflammatory topical gel, have you been offered oral non-steroidal anti-inflammatory medication?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		Yes	No	Not taking such drugs
13	If you use oral non-steroidal anti-inflammatory medication, have you been offered information about the effects and possible side-effects of this medication?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		Yes	No	No such pain
14	If you have pain in your hand joints that was not sufficiently relieved by topical gel or oral non-steroidal anti-inflammatory medication, have you been offered a steroid injection for short term pain relief?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		Yes	No	Not severely troubled
15	If you are severely troubled by your hand osteoarthritis and non-surgical treatment is ineffective or unsuitable, have you been offered a referral for a surgical opinion?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		Yes	No	Don't remember
16	Have you been offered a planned follow up tailored to your needs and preferences concerning your hand osteoarthritis?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>