



Arthritis & Osteoporosis Questionnaire

- 1- What type of arthritis do you have? _____

- 2- What symptoms of arthritis do you usually experience? _____

- 3- Are there any movements, activities, or conditions that aggravate your symptoms or cause unusual pain, discomfort or fatigue? _____

- 4- If pain is present, are there specific joints where you experience more pain or discomfort? _____

- 5- Do you consider your condition mild, moderate, or severe (circle it)? _____

- 6- Have you altered your personal exercise habits since the onset of arthritis or in your management plan? How? _____

- 7- What treatments or management strategies work best for you? _____

- 8- What time of day do you feel best to exercise? _____