

Section M2 -- ARTIFICIAL JOINT PAGE

CHECK ITEM 3

Enter name and person number from Table MDI.

Name \_\_\_\_\_

Person No. \_\_\_\_\_

These next questions are about your artificial joints.

1 a. What (other) kind of artificial joint(s) do you have?

Ask for each entry in 1a.

b. How many artificial (entry in 1a) do you have?

c. Do you have any other artificial joints?

1a. Joint	7-8	1b. Number	9-10
(1)	11-12		13-14
(2)	16-16		17-18
(3)	19-20		21-22
(4)			

Yes (Reask 1a-c)  No

CHECK ITEM 4

Enter each joint in a separate column as well as name and person number in CHECK ITEM 3. Treat multiple finger joints as a single joint.

Joint \_\_\_\_\_

These next questions refer to the [artificial (entry in CHECK ITEM 4) /FIRST finger joint that was implanted.]

2. Was the joint actually replaced with an artificial (entry in CHECK ITEM 4), or was something else implanted, such as a pin or a plate?

Ask if finger joint; otherwise, skip to 4a.

3. Is the artificial finger joint you have NOW made out of silicone or some other material?

4a. Is the artificial (entry in CHECK ITEM 4) you have now a replacement for a previous artificial (entry in CHECK ITEM 4)?

b. How many times has this artificial (entry in CHECK ITEM 4) been replaced?

c. Why did you have the artificial (entry in CHECK ITEM 4) replaced (the LAST time)?

Mark first three mentioned.

Ask for each entry in 4c except "Normal growth"

d. How long after that joint was implanted was this (entry in 4c) first noticed? Was it less than 30 days, 30 to 90 days, or more than 90 days?

e. How long did you have the artificial (entry in CHECK ITEM 4) before it was replaced with the one you have now?

f. In what month and year did you get it?

1  Replaced (3)  
 8  Something else -- (Mark "FIX" box of Table MDI, then go to next column or next device.)

1  Silicone  
 8  Other  
 9  DK

1  Yes  
 2  No (5)

\_\_\_\_\_ Times

00  Normal growth  
 01  Defect or malfunction  
 1  Less than 30 days  
 2  30-90 days  
 3  More than 90 days

02  Loosening  
 1  Less than 30 days  
 2  30-90 days  
 3  More than 90 days

03  Infection  
 1  Less than 30 days  
 2  30-90 days  
 3  More than 90 days

04  Pain  
 1  Less than 30 days  
 2  30-90 days  
 3  More than 90 days

88  Some other reason -- Specify         
 1  Less than 30 days  
 2  30-90 days  
 3  More than 90 days

97  Less than 6 months  
 98  6-11 months  
 \_\_\_\_\_ Years

\_\_\_\_\_/19\_\_\_\_\_  
 Month Year  
 0000  Before 1968  
 8888  1968 or later

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<b>5a. How long have you had the artificial (entry in CHECK ITEM 4) you have NOW?</b>	97 <input type="checkbox"/> Less than 6 months 98 <input type="checkbox"/> 6—11 months _____ Years	53-54
<b>b. In what month and year did you get this one?</b>	_____ / 19 _____ Month Year 0000 <input type="checkbox"/> Before 1968 8898 <input type="checkbox"/> 1968 or later	55-58
<b>6. Since you received the artificial (entry in CHECK ITEM 4) you have NOW, would you say your mobility in that joint is improved, about the same, or worse than it was before this (last) implant?</b>	1 <input type="checkbox"/> Improved 2 <input type="checkbox"/> Same 3 <input type="checkbox"/> Worse	59
Please tell me if you have had any of the following problems or complications with or as a result of the artificial (entry in CHECK ITEM 4) you have NOW.		
<b>7a. Have you had any blood clots?</b>	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK } (7c)	60
<b>b. How long had you had the artificial (entry in CHECK ITEM 4) when the blood clots were first noticed? Was it less than 30 days, 30 to 90 days, or more than 90 days?</b>	1 <input type="checkbox"/> Less than 30 days 2 <input type="checkbox"/> 30—90 days 3 <input type="checkbox"/> More than 90 days	61
<b>c. Have you had an infection (as a result of the (entry in CHECK ITEM 4) you have NOW)?</b>	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK } (7e)	62
<b>d. How long had you had the artificial (entry in CHECK ITEM 4) when the infection was first noticed? Was it less than 30 days, 30 to 90 days, or more than 90 days?</b>	1 <input type="checkbox"/> Less than 30 days 2 <input type="checkbox"/> 30—90 days 3 <input type="checkbox"/> More than 90 days	63
<b>e. Has the artificial (entry in CHECK ITEM 4) loosened?</b>	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK } (7g)	64
<b>f. How long had you had the artificial (entry in CHECK ITEM 4) when the loosening was first noticed? Was it less than 30 days, 30 to 90 days, or more than 90 days?</b>	1 <input type="checkbox"/> Less than 30 days 2 <input type="checkbox"/> 30—90 days 3 <input type="checkbox"/> More than 90 days	65
<b>g. Have you had increased pain over time (with the (entry in CHECK ITEM 4) you have NOW)?</b>	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK } (7i)	66
<b>h. How long had you had the artificial (entry in CHECK ITEM 4) when the increased pain was first noticed? Was it less than 30 days, 30 to 90 days, or more than 90 days?</b>	1 <input type="checkbox"/> Less than 30 days 2 <input type="checkbox"/> 30—90 days 3 <input type="checkbox"/> More than 90 days	67
<b>i. Have you had any defects with the artificial (entry in CHECK ITEM 4) you have NOW or has it failed to operate properly?</b>	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK } (7k)	68
<b>j. How long had you had the artificial (entry in CHECK ITEM 4) when the defect or failure was first noticed? Was it less than 30 days, 30 to 90 days, or more than 90 days?</b>	1 <input type="checkbox"/> Less than 30 days 2 <input type="checkbox"/> 30—90 days 3 <input type="checkbox"/> More than 90 days	68
<b>k. Have you had any other problems or complications with or as a result of the artificial (entry in CHECK ITEM 4) you have NOW?</b>	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No (8)	70
<b>l. What were they?</b> Record first three mentioned.	O1 _____ 1 <input type="checkbox"/> Less than 30 days 2 <input type="checkbox"/> 30—90 days 3 <input type="checkbox"/> More than 90 days	71-72
Ask for each entry in 71	O2 _____ 1 <input type="checkbox"/> Less than 30 days 2 <input type="checkbox"/> 30—90 days 3 <input type="checkbox"/> More than 90 days	73 74-75
<b>m. How long had you had the artificial (entry in CHECK ITEM 4) when the (entry in 71 ) was first noticed? Was it less than 30 days, 30 to 90 days, or more than 90 days?</b>	1 <input type="checkbox"/> Less than 30 days 2 <input type="checkbox"/> 30—90 days 3 <input type="checkbox"/> More than 90 days	76
_____	O3 _____ 1 <input type="checkbox"/> Less than 30 days 2 <input type="checkbox"/> 30—90 days 3 <input type="checkbox"/> More than 90 days	77-78
_____	1 <input type="checkbox"/> Less than 30 days 2 <input type="checkbox"/> 30—90 days 3 <input type="checkbox"/> More than 90 days	79

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8. Why did you need to get an artificial (entry in CHECK ITEM 4) in the first place?

Mark all mentioned

- 01  Osteoarthritis
- 02  Rheumatoid arthritis
- 03  Arthritis, unspecified
- 04  Injury
- 05  Pain
- 88  Some other reason -- Specify

80-81  
82-83  
84-85  
86-87  
88-89  
90-91

**CHECK  
ITEM 5**

Mark appropriate respondent box and enter relationship to MDI person if proxy.

- 1  Self--personal
- 2  Self--telephone
- 3  Proxy --personal
- 4  Proxy -- telephone } Relationship

92

Go to next column or next device

93-94

Notes