

Patient-Reported Arthralgia Inventory

These questions are about pain in specific joints over the past 7 days. Please rate your pain in each joint using a number from 0 through 10, with 0 being no pain at all and 10 being the worst pain you can imagine.

	0										10
	None										As bad as you can imagine
Left finger joints?	0	1	2	3	4	5	6	7	8	9	10
Right finger joints?	0	1	2	3	4	5	6	7	8	9	10
Left wrist joints?	0	1	2	3	4	5	6	7	8	9	10
Right wrist joints?	0	1	2	3	4	5	6	7	8	9	10
Left elbow joint?	0	1	2	3	4	5	6	7	8	9	10
Right elbow joint?	0	1	2	3	4	5	6	7	8	9	10
Left shoulder joint?	0	1	2	3	4	5	6	7	8	9	10
Right shoulder joint?	0	1	2	3	4	5	6	7	8	9	10
Left hip joint?	0	1	2	3	4	5	6	7	8	9	10
Right hip joint?	0	1	2	3	4	5	6	7	8	9	10
Left knee joint?	0	1	2	3	4	5	6	7	8	9	10
Right knee joint?	0	1	2	3	4	5	6	7	8	9	10
Left ankle joints?	0	1	2	3	4	5	6	7	8	9	10
Right ankle joints?	0	1	2	3	4	5	6	7	8	9	10
Left toe joints?	0	1	2	3	4	5	6	7	8	9	10
Right toe joints?	0	1	2	3	4	5	6	7	8	9	10

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