

## MUSCULOSKELETAL HEALTH QUESTIONNAIRE SHORT-FORM (MSK-HQ 6)

This questionnaire is about your joint, back, neck, bone and muscle symptoms such as aches, pains and/or stiffness. Please focus on the health problem(s) for which you sought treatment from this service.

For each question tick (✓) one box to indicate which statement best describes you over the last 2 weeks.

<b>1. Pain/stiffness during the day</b> How severe was your usual joint or muscle pain and/or stiffness overall during the day in the last 2 weeks?	Not at all <input type="checkbox"/> <sub>4</sub>	Slightly <input type="checkbox"/> <sub>3</sub>	Moderately <input type="checkbox"/> <sub>2</sub>	Fairly severe <input type="checkbox"/> <sub>1</sub>	Very Severe <input type="checkbox"/> <sub>0</sub>
<b>2. Physical activity levels</b> How much has it been a problem for you to do physical activities (e.g. going for a walk or jogging) to the level you want because of your joint or muscle symptoms in the last 2 weeks?	Not at all <input type="checkbox"/> <sub>4</sub>	Slightly <input type="checkbox"/> <sub>3</sub>	Moderately <input type="checkbox"/> <sub>2</sub>	Very much <input type="checkbox"/> <sub>1</sub>	Unable to do physical activities <input type="checkbox"/> <sub>0</sub>
<b>3. Needing help</b> How often have you needed help from others (including family, friends or carers) because of your joint or muscle symptoms in the last 2 weeks?	Not at all <input type="checkbox"/> <sub>4</sub>	Rarely <input type="checkbox"/> <sub>3</sub>	Sometimes <input type="checkbox"/> <sub>2</sub>	Frequently <input type="checkbox"/> <sub>1</sub>	All the time <input type="checkbox"/> <sub>0</sub>
<b>4. Sleep</b> How often have you had trouble with either falling asleep or staying asleep because of your joint or muscle symptoms in the last 2 weeks?	Not at all <input type="checkbox"/> <sub>4</sub>	Rarely <input type="checkbox"/> <sub>3</sub>	Sometimes <input type="checkbox"/> <sub>2</sub>	Frequently <input type="checkbox"/> <sub>1</sub>	Every night <input type="checkbox"/> <sub>0</sub>
<b>5. Emotional well-being</b> How much have you felt anxious or low in your mood because of your joint or muscle symptoms in the last 2 weeks?	Not at all <input type="checkbox"/> <sub>4</sub>	Slightly <input type="checkbox"/> <sub>3</sub>	Moderately <input type="checkbox"/> <sub>2</sub>	Severely <input type="checkbox"/> <sub>1</sub>	Extremely <input type="checkbox"/> <sub>0</sub>
<b>6. Confidence in being able to manage your symptoms</b> How confident have you felt in being able to manage your joint or muscle symptoms by yourself in the last 2 weeks (e.g. medication, changing lifestyle)?	Extremely <input type="checkbox"/> <sub>4</sub>	Very <input type="checkbox"/> <sub>3</sub>	Moderately <input type="checkbox"/> <sub>2</sub>	Slightly <input type="checkbox"/> <sub>1</sub>	Not at all <input type="checkbox"/> <sub>0</sub>

Thank you for completing this questionnaire.

### MSK-HQ 6 – Questionnaire for joint, back, neck, bone and muscle symptoms

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