Multi-Dimensional Health Assessment Questionnaire

This questionnaire includes information not available from blood tests, X-rays, or any source other than you. Please try to answer each question, even if you do not think it is related to you at this time. Try to complete as much as you can yourself, but if you need help, please ask. There are no right or wrong answers. Please answer exactly as you think or feel. Thank you.

1. Please check $(\sqrt{\ })$ the ONE best answer for your abilities at this time:					FOR OFFICE
OVER THE LAST WEEK, were you able to:	Without Windows SOI Difficulty Difficulty	ME	With MUCH Difficulty	UNABLE To Do	1.a-j FN (0-10):
a. Dress yourself, including tying shoelaces and				_	
doing buttons? b. Get in and out of bed?	0	l _	2	3 3	1=0.3 16=5.3
c. Lift a full cup or glass to your mouth?	0	¹ -	2	3	2=0.7 17=5.7 3=1.0 18=6.0
d. Walk outdoors on flat ground?	0	— <u>†</u> -	2	3	4=1.3 19=6.3 5=1.7 20=6.7
e. Wash and dry your entire body?		 1	<u>-</u> 2	3	6=2.0 21=7.0
f. Bend down to pick up clothing from the floor?	0		2	3	7=2.3 22=7.3 8=2.7 23=7.7
g. Turn regular faucets on and off?	0	1	2	3	9=3.0 24=8.0 10=3.3 25=8.3
h. Get in and out of a car, bus, train, or airplane?	0	1 _	2	3	11=3.7 26=8.7 12=4.0 27=9.0
i. Walk two miles or three kilometers, if you wish?	0	1 _	2	3	13=4.3 28=9.3
j. Participate in recreational activities and sports as you would like, if you wish?	0	1	2	3	14=4.7 29=9.7 15=5.0 30=10
k. Get a good night's sleep?	0	1.1	2.2	3.3	2.PN (0-10):
I. Deal with feelings of anxiety or being nervous?	0	1.1	2.2		
m. Deal with feelings of depression or feeling blue?	0	1.1	2.2	3.3	
2. How much pain have you had because of your condition OVER THE PAST WEEK?					
Please indicate below how severe your pair					4.PTGL (0-10):
NO O O O O O O O O O	00000	000	O PAII	N AS BAD AS	
PAIN 0 0.5 1.0 1.5 2.0 2.5 3.0 3.5 4.0 4.5 5.0 5.5	6.0 6.5 7.0 7.5 8.0 8	8.5 9.0 9.		OULD BE	
					RAPID 3 (0-30)
3. Please place a check $()$ in the appropriate spot to indicate the amount of pain you					
are having today in each of the joint areas	listed below:				
None Mild Moderate Severe		None	Mild Mo	oderate Severe	
a. LEFT FINGERS \square 0 \square 1 \square 2 \square 3	i. RIGHT FINGERS	<u>0</u>	\Box 1	\Box 2 \Box 3	
<u>b. LEFT WRIST</u> □ 0 □ 1 □ 2 □ 3	j. RIGHT WRIST	□ 0	\Box 1	\Box 2 \Box 3	Cati
<u>c. LEFT ELBOW</u>	k. RIGHT ELBOW	□ 0	\Box 1	\Box 2 \Box 3	Cat:
d. LEFT SHOULDER □ 0 □ 1 □ 2 □ 3	I. RIGHT SHOULD	<u>ER</u> □ 0	\Box 1	\Box 2 \Box 3	110 - >40
<u>e. LEFT HIP</u>	m. RIGHT HIP	\Box 0	\Box 1	\square 2 \square 3	HS = >12
<u>f. LEFT KNEE</u>	n. RIGHT KNEE	□ 0	\Box 1	\Box 2 \Box 3	MC - 6 1 12
g. LEFT ANKLE 0 0 1 0 2 3	o. RIGHT ANKLE	□ 0	\Box 1	\square 2 \square 3	MS = 6.1-12
<u>h. LEFT TOES</u> □ 0 □ 1 □ 2 □ 3	p. RIGHT TOES	\Box 0	□ 1	\square 2 \square 3	LS = 3.1-6
<u>q. NECK</u> □ 0 □ 1 □ 2 □ 3	r. BACK	□ 0	□ 1	□2 □3	L3 - 3.1-0
4. Considering all the ways in which illness a	nd health conditi	ons may	y affect y	ou at this	R = <3
time, please indicate below how you are doing:					
VERY O O O O O O O O O	00000	000) () VFR	Y	

WELL 0 0.5 1.0 1.5 2.0 2.5 3.0 3.5 4.0 4.5 5.0 5.5 6.0 6.5 7.0 7.5 8.0 8.5 9.0 9.5 10 POORLY