## ARTHRITIS & RHEUMATIC CARE CENTER

## 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 (✓)  | the ONE  | best an                                      | swer fo              | r your   | abilit                     | ies a                                     | t this  | time  |  |  |   |      |                            |   |  |       |         |  |  |  |
|--|--|--|----------------------|--|----------------------------|---|---|---|--|--|---|------|----------------------------|---|--|-------|---------|--|--|--|
| OVER THE LAST  |  |  | With<br>AN<br>Diffic | 1Y   | With<br>SOME<br>Difficulty |   |   |   |  | With<br>MUCH<br>Difficulty   |   |      |                            | Unable<br>To Do   |  |       |         |  |  |  |
| <ul> <li>a. Dress yourself, including tying shoelaces and doing buttons?</li> <li>b. Get in and out of bed?</li> <li>c. Lift a full cup or glass to the mouth?</li> <li>d. Walk outdoors on flat grounds?</li> <li>e. Wash and dry your entire body?</li> <li>f. Bend down to pick up clothing from floor?</li> <li>g. Turn regular faucets on and off?</li> <li>h. Get in and out of a car, bus, train or airplane?</li> <li>i. Walk two miles or three kilometers, if you wish?</li> <li>j. Participate in recreational activities and sports as you would like, if you wish?</li> <li>k. Get a good night's sleep?</li> <li>l. Deal with feeling of anxiety or being nervous?</li> <li>m. Deal with feeling of depression or feeling blue?</li> </ul> |  |  |                      |  |                            |   | 0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0 |   |  | 1<br>1<br>1<br>1<br>1<br>1<br>1<br>1<br>1<br>1<br>1<br>1<br>1<br>1<br>1<br>1<br>1<br>1<br>1<br>1<br>1<br>1<br>1<br>1<br>1<br>1<br>1<br>1<br>1<br>1<br>1<br>1<br>1<br>1<br>1<br>1<br>1<br>1<br>1<br>1<br>1<br>1<br>1<br>1<br>1<br>1<br>1<br>1<br>1<br>1<br>1<br>1<br>1<br>1<br>1<br>1<br>1<br>1<br>1<br>1<br>1<br>1<br>1<br>1<br>1<br>1<br>1<br>1<br>1<br>1<br>1<br>1<br>1<br>1<br>1<br>1<br>1<br>1<br>1<br>1<br>1<br>1<br>1<br>1<br>1<br>1<br>1<br>1<br>1<br>1<br>1<br>1<br>1<br>1<br>1<br>1<br>1<br>1<br>1<br>1<br>1<br>1<br>1<br>1<br>1<br>1<br>1<br>1<br>1<br>1<br>1<br>1<br>1<br>1<br>1<br>1<br>1<br>1<br>1<br>1<br>1<br>1<br>1<br>1<br>1<br>1<br>1<br>1<br>1<br>1<br>1<br>1<br>1<br>1<br>1<br>1<br>1<br>1<br>1<br>1<br>1<br>1<br>1<br>1<br>1<br>1<br>1<br>1<br>1<br>1<br>1<br>1<br>1<br>1<br>1<br>1<br>1<br>1<br>1<br>1<br>1<br>1<br>1<br>1<br>1<br>1<br>1<br>1<br>1<br>1<br>1<br>1<br>1<br>1<br>1<br>1<br>1<br>1<br>1<br>1<br>1<br>1<br>1<br>1<br>1<br>1<br>1<br>1<br>1<br>1<br>1<br>1<br>1<br>1<br>1<br>1<br>1<br>1<br>1<br>1<br>1<br>1<br>1<br>1<br>1<br>1<br>1<br>1<br>1<br>1<br>1<br>1<br>1<br>1<br>1<br>1<br>1<br>1<br>1<br>1<br>1<br>1 |   |      |                            | 2<br>2<br>2<br>2<br>2<br>2<br>2<br>2<br>2<br>2<br>2<br>2<br>2<br>2<br>2<br>2<br>2<br>2<br>2<br>2<br>2<br>2<br>2<br>2<br>2<br>2<br>2<br>2<br>2<br>2<br>2<br>2<br>2<br>2<br>2<br>2<br>2<br>2<br>2<br>2<br>2<br>2<br>2<br>2<br>2<br>2<br>2<br>2<br>2<br>2<br>2<br>2<br>2<br>2<br>2<br>2<br>2<br>2<br>2<br>2<br>2<br>2<br>2<br>2<br>2<br>2<br>2<br>2<br>2<br>2<br>2<br>2<br>2<br>2<br>2<br>2<br>2<br>2<br>2<br>2<br>2<br>2<br>2 |  |       |         | 3<br>3<br>3<br>3<br>3<br>3<br>3<br>3<br>3<br>3<br>3<br>3<br>3<br>3<br>3<br>3<br>3<br>3<br>3<br>3<br>3<br>3<br>3<br>3<br>3<br>3<br>3<br>3<br>3<br>3<br>3<br>3<br>3<br>3<br>3<br>3<br>3<br>3<br>3<br>3<br>3<br>3<br>3<br>3<br>3<br>3<br>3<br>3<br>3<br>3<br>3<br>3<br>3<br>3<br>3<br>3<br>3<br>3<br>3<br>3<br>3<br>3<br>3<br>3<br>3<br>3<br>3<br>3<br>3<br>3<br>3<br>3<br>3<br>3<br>3<br>3<br>3<br>3<br>3<br>3<br>3<br>3<br>3<br>3<br>3<br>3<br>3<br>3<br>3<br>3<br>3<br>3<br>3<br>3<br>3<br>3<br>3<br>3<br>3<br>3<br>3<br>3<br>3<br>3<br>3<br>3<br>3<br>3<br>3<br>3<br>3<br>3<br>3<br>3<br>3<br>3<br>3<br>3<br>3<br>3<br>3<br>3<br>3<br>3<br>3<br>3<br>3<br>3<br>3<br>3<br>3<br>3<br>3<br>3<br>3<br>3<br>3<br>3<br>3<br>3<br>3<br>3<br>3<br>3<br>3<br>3<br>3<br>3<br>3<br>3<br>3<br>3<br>3<br>3<br>3<br>3<br>3<br>3<br>3<br>3<br>3<br>3<br>3<br>3<br>3<br>3<br>3<br>3<br>3<br>3<br>3<br>3<br>3<br>3<br>3<br>3<br>3<br>3<br>3<br>3<br>3<br>3<br>3<br>3<br>3<br>3<br>3<br>3<br>3<br>3<br>3<br>3<br>3<br>3<br>3<br>3<br>3<br>3<br>3<br>3<br>3<br>3<br>3<br>3<br>3<br>3<br>3<br>3<br>3<br>3<br>3<br>3<br>3<br>3<br>3<br>3<br>3<br>3<br>3<br>3<br>3<br>5<br>5<br>5<br>5<br>5<br>5<br>5<br>5<br>5<br>5<br>5<br>5<br>5<br>5<br>5<br>5<br>5<br>5<br>5<br>5<br>5<br>5<br>5 |  |  |
| 2. How much pain have you had because of your condition OVER THE PAST WEEK?  |  |  |                      |  |                            |   |   |   |  |  |   |      |                            |   |  |       |         |  |  |  |
| Please indicate b  | elow how   | severe                                       | your pa              | ain has  | s beer                     | 1:  |   |   |  |  |   |      |                            |   |  |       |         |  |  |  |
| NO   | 1.5 2  | 2.5  | 3 3                  | 5 4  | 4.5                        | 5   | 5.5   | 6   | 6.5  | 7  | 7.5   | 8    | 8.5                        | 9   | 9.5  | 10    |         | AS BAD AS<br>COULD BE  |  |  |
| 3. Please check (✓)  | in the app   | propriate                                    | spot to              | indica   | ate the                    | e amo                                     | ount c  | of pai                                      | n you  | are h  | naving  | toda | ay in e                    | each c  | of the   | joint | areas   | listed:  |  |  |
| a. LEFT FINGER b. LEFT WRIST c. LEFT ELBOW d. LEFT SHOULDER e. LEFT HIP f. LEFT KNEE g. LEFT ANKLE h. LEFT TOES q. NECK  | None   | Mild   1   1   1   1   1   1   1   1   1   1 | Ma                   | derate   2   2   2   2   2   2   2   2   2   2 | Se [                       | evere 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 |   | i.<br>j.<br>k<br>l.<br>m.<br>n.<br>o.<br>p. | RIGH<br>RIGH<br>RIGH<br>RIGH<br>RIGH<br>RIGH<br>BACK | T FII T W T EL T SH T HI T KN T AN T TC  | NGEF<br>RIST<br>BOW<br>HOUL<br>IP<br>NEE<br>NKLE<br>DES | DER  | None                       | 2   | Mild   1   1   1     1     1     1     1     1     1     1       1       1       1       1       1       1       1         1         1 | N     | Alodera | severe   |  |  |
| 4. Considering all the ways in which illness and health conditions may affect you at this time, please indicate below how you are doing:   |  |  |                      |  |                            |   |   |   |  |  |   |      |                            |   |  |       |         |  |  |  |
| VERY<br>WELL 0 0.5   | 1 1.5  | 2 2  | .5 3                 | 3.5  | 4                          | 4.5                                       | 5   | 5.5   | 6  | 6.5  | 7   | 7.5  | 8                          | 8.5   | 9  | 9.5   | 10      | VERY<br>Poorly   |  |  |
| Your Name  |  |  |                      |  | Date                       | of Bir                                    | th  |   | ***************************************              |  |   | _ To | day's                      | Date  | *************  |       |         |  |  |  |
| Thank you for completing this questionnaire to help keep track of your medical care.   |  |  |                      |  |                            |   |   |   |  |  |   |      |                            |   |  |       |         |  |  |  |
| FOR OFFICE USE O   | NLY: I hav   | e reviev                                     | ved the              | quest  | ionna                      | ire re                                    | espon   | ses.  |  |  |   |      |                            |   |  |       |         |  |  |  |
| Date:  |  |  | Signatu              | re:  |                            |   |   |   | - 1  | 17. 6  |   |      |                            | n <sup>el</sup>   |  |       | -       | a Bayes  |  |  |
| 1. a-j FN (0-10)   | 1-0.3 16=5.3 4=1.3 19=<br>2-0.7 17=5.7 5=1.7 20=<br>3-1.0 18=6.0 6=2.0 21= |  |                      |  |                            | , I                                       | 7=2<br>8=2<br>9=3   | 2.7   | 22=7.3 10=3.3<br>23=7.7 11=3.7<br>24=8.0 12=4.0      |  |   | 7    | 25=8.3<br>26=8.7<br>27=9.0 | 13=4.3 28=9.3<br>14=4.7 29=9.7<br>15=5.0 30=10.0  |  |       |         |  |  |  |
| 2. PN (0-10)   | . PN (0-10) 4. PTGL (0-10):  |  |                      |  |                            |   |   |   |  |  |   |      | Cat: HS = >12 MS = 6.1-12  |   |  |       |         |  |  |  |