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 answer for your abilities at this time:

OVER THE LAST WEEK, were you able to:

a. Dress yourself, including tying shoelaces and doing buttons?  
   Without ANY Difficulty
   With SOME Difficulty
   With MUCH Difficulty
   UNABLE To Do
   ___________ 0  ___________ 1  ___________ 2  ___________ 3

b. Get in and out of bed?  
   ___________ 0  ___________ 1  ___________ 2  ___________ 3

c. Lift a full cup or glass to your mouth?  
   ___________ 0  ___________ 1  ___________ 2  ___________ 3

d. Walk outdoors on flat ground?  
   ___________ 0  ___________ 1  ___________ 2  ___________ 3

e. Wash and dry your entire body?  
   ___________ 0  ___________ 1  ___________ 2  ___________ 3

f. Bend down to pick up clothing from the floor?  
   ___________ 0  ___________ 1  ___________ 2  ___________ 3

g. Turn regular faucets on and off?  
   ___________ 0  ___________ 1  ___________ 2  ___________ 3

h. Get in and out of a car, bus, train or airplane?  
   ___________ 0  ___________ 1  ___________ 2  ___________ 3

i. Walk two miles or three kilometers, if you wish?  
   ___________ 0  ___________ 1  ___________ 2  ___________ 3

j. Participate in recreational activities and sports as you would like, if you wish?  
   ___________ 0  ___________ 1  ___________ 2  ___________ 3

2. How much pain have you had because of your condition OVER THE PAST WEEK?  
   WITHOUT ANY Pain, you have had none.  
   WITHOUT SOME Pain, you have had mild pain.  
   WITHOUT MUCH Pain, you have had moderate pain.  
   UNABLE To Do, you have had severe pain.

   Please indicate below how severe your pain has been:
   NO 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
   PAIN AS BAD AS IT COULD BE

3. Considering all the ways in which illness and health conditions may affect you at this time, please indicate below how you are doing:

   VERY 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 POORLY

4. 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:

   LEFT FINGERS  
   LEFT WRIST  
   LEFT ELBOW  
   LEFT SHOULDER  
   LEFT HIP  
   LEFT KNEE  
   LEFT ANKLE  
   LEFT TOES  
   NECK

   RIGHT FINGERS  
   RIGHT WRIST  
   RIGHT ELBOW  
   RIGHT SHOULDER  
   RIGHT HIP  
   RIGHT KNEE  
   RIGHT ANKLE  
   RIGHT TOES

   BACK

   New patients, please stop here. Returning patients, please turn to the other side and complete the back side.
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5. Please check (✓) if you have experienced any of the following over the last month:
   - Fever
   - Weight gain (>10 lbs)
   - Weight loss (<10 lbs)
   - Feeling sickly
   - Headaches
   - Unusual fatigue
   - Swollen glands
   - Loss of appetite
   - Skin rash or hives
   - Unusual bruising or bleeding
   - Other skin problems
   - Problems with hearing
   - Dry eyes
   - Other eye problems
   - Problems with hearing
   - Ringing in the ears
   - Stuffy nose
   - Sores in the mouth
   - Dry mouth
   - Problems with smell or taste

   - Lump in your throat
   - Cough
   - Shortness of breath
   - Wheezing
   - Pain in the chest
   - Heart pounding (palpitations)
   - Trouble swallowing
   - Heartburn or stomach gas
   - Stomach pain or cramps
   - Muscle weakness
   - Headache
   - Muscle pain, aches, or cramps
   - Blood in the urine
   - Trouble swallowing
   - Heart pounding (palpitations)
   - Nausea
   - Vomiting
   - Constipation
   - Diarrhea
   - dark or bloody stools
   - Gynecological (female) problems
   - Dizziness
   - Losing your balance
   - Muscle pain, aches, or cramps
   - Skin rash or hives
   - Headache
   - Muscle weakness
   - Use of drugs not sold in stores
   - Smoking cigarettes
   - More than 2 alcohol drinks per day
   - Depression - feeling blue
   - Anxiety - feeling nervous
   - Problems with thinking
   - Problems with memory
   - Problems with sleeping
   - Sexual problems
   - Burning in sex organs
   - Problems with social activities

6. When you awakened in the morning OVER THE LAST WEEK, did you feel stiff? ☐ No ☐ Yes
   If “No,” please go to Item 7. If “Yes,” please indicate the number of minutes _________, or hours _______
   until you are as limber as you will be for the day.

7. How do you feel TODAY compared to ONE WEEK AGO? Please check (+) only one.
   Much Better ☐ Better ☐ the Same ☐ Worse ☐ Much Worse ☐ than one week ago

8. How often do you exercise aerobically (sweating, increased heart rate, shortness of breath) for at least
   one-half hour (30 minutes)? Please check (+) only one.
   ☐ 3 or more times/week ☐ 1-2 times/week ☐ 1-2 times/month ☐ Do not exercise regularly
   ☐ Cannot exercise due to disability/ handicap

9. How much of a problem has UNUSUAL fatigue or tiredness been for you OVER THE PAST WEEK?
   FATIGUE IS ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ 解析