

Multi-Dimensional Health Assessment Questionnaire (R729-NP2)

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. There are no right or wrong answers. Please answer exactly as you think or feel. Thank you.

FOR OFFICE USE ONLY

1. Please check (✓) the ONE best answer for your abilities at this time:

OVER THE LAST WEEK, were you able to:	Without ANY Difficulty	With SOME Difficulty	With MUCH Difficulty	UNABLE To Do
a. Dress yourself, including tying shoelaces and doing buttons?	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 2 miles or 3 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
k. Get a good night's sleep?	0	1.1	2.2	3.3
l. Deal with feelings of anxiety or being nervous?	0	1.1	2.2	3.3
m. Deal with feelings of depression or feeling blue?	0	1.1	2.2	3.3

FN



1=0.0 16=2.2
2=0.0 17=2.3
3=0.0 18=2.3
4=0.4 19=2.4
5=0.7 20=2.5
6=0.9 21=2.6
7=1.1 22=2.6
8=1.2 23=2.7
9=1.4 24=2.7
10=1.5 25=2.8
11=1.6 26=2.8
12=1.8 27=2.9
13=1.9 28=2.9
14=2.0 29=2.9
15=2.1 30=3.0

PSY



PN



2. How much pain have you had because of your condition OVER THE PAST WEEK? Please indicate below how severe your pain has been:

NO PAIN	0	0.0	0.0	0.5	0.9	1.2	1.4	1.6	1.8	2.0	2.1	2.2	2.3	2.4	2.5	2.6	2.7	2.8	2.9	2.9	3.0	PAIN AS BAD AS IT COULD BE
	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	

3. When you awakened in the morning OVER THE LAST WEEK, did you feel stiff? No Yes
If "No," please go to Item 4. If "Yes," please indicate the number of minutes _____, or hours _____ until you are as limber as you will be for the day.

GL



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 WELL	0	0.0	0.0	0.7	1.2	1.6	1.9	2.2	2.4	2.6	2.8	3.0	3.1	3.3	3.4	3.5	3.6	3.7	3.8	3.9	4.0	VERY POORLY
	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	

RAPID

(=FN+PN+GL)



5. Which of the following best describes you TODAY in your every day life? Please check (✓) only one:

- ___ 1: I can do **everything** I want to do.
- ___ 2: I can do **most** of the things I want to do, but have **some** limitations.
- ___ 3: I can do **some**, but not all, of the things I want to do, and I have **many** limitations.
- ___ 4: I can do **hardly any** of the things I want to do.

FATIG



6. How much of a problem has UNUSUAL fatigue been for you OVER THE PAST WEEK?

FATIGUE IS NO PROBLEM	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	FATIGUE IS A MAJOR PROBLEM
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7. How do you feel TODAY compared to ONE WEEK AGO? Please check (✓) only one.

Much Better (1), Better (2), the Same (3), Worse (4), Much Worse (5) than one week ago

JTACT

8. In terms of joint tenderness (i.e. joint pain associated with light touch) and joint swelling (joint enlargement due to inflammation), how active would you say your rheumatic condition is TODAY?

NOT AT ALL ACTIVE	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	EXTREMELY ACTIVE
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