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.

1.	Please check $()$ the ONE best answer (	for your abili	ties at this t	time:	I	FOR OFFICE		
ον	ER THE LAST WEEK, were you able to:	Without ANY Difficulty	With <b>SOME</b> <u>Difficulty</u>	With <b>MUCH</b> <u>Difficulty</u>	UNABLE To Do	FN		
b. C c. L d. V e. V f. B g. T h. C i. W j. Pa k. C l. D	<ul> <li>bress yourself, including tying shoelaces and doing buttons?</li> <li>bet in and out of bed?</li> <li>ft a full cup or glass to your mouth?</li> <li>l/alk outdoors on flat ground?</li> <li>l/ash and dry your entire body?</li> <li>bend down to pick up clothing from the floor?</li> <li>but regular faucets on and off?</li> <li>bet in and out of a car, bus, train, or airplane?</li> <li>alk 2 miles or 3 kilometers, if you wish?</li> <li>bet a good night's sleep?</li> <li>beal with feelings of anxiety or being nervous?</li> </ul>		1 1 1 1 1 1 1 1 1 1	2 2 2 2 2 2 2 	3 3 3 3 3 3 3 3.3 3.3 3.3 3.3	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 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 <b>PSY</b>		
i PA <b>3. V</b>	How much pain have you had because of y         Indicate below how severe your pain has be         NO       0       0.0       0.5       0.9       1.2       1.4       1.6       1.8       2.0       2.1       2.2         NO       0       0.0       0.5       0.9       1.2       1.4       1.6       1.8       2.0       2.1       2.2         NO       0       O <t< td=""><td>Deen: 2.3 2.4 2.5 2.6 O O O O 5 6.0 6.5 7.0 7.5 C THE LAST W</td><td>5 2.7 2.8 2.9 2 O O O 5 8.0 8.5 9.0 9 <b>/EEK, did yo</b></td><td>2.9 3.0 PAIN O O IT 9.5 10 <b>u feel stiff?</b></td><td>AS BAD AS Could be DNo DYes</td><td>PN</td></t<>	Deen: 2.3 2.4 2.5 2.6 O O O O 5 6.0 6.5 7.0 7.5 C THE LAST W	5 2.7 2.8 2.9 2 O O O 5 8.0 8.5 9.0 9 <b>/EEK, did yo</b>	2.9 3.0 PAIN O O IT 9.5 10 <b>u feel stiff?</b>	AS BAD AS Could be DNo DYes	PN		
(	If "No," please go to Item 4. If "Yes," please if or hoursuntil you are as limber as y Considering all the ways in which illness a	you will be for	the day.			GL		
	time, please indicate below how you are d			y affect you				
١	<pre>/ERY 0 0.0 0.0 0.7 1.2 1.6 1.9 2.2 2.4 2.6 2.8 3.0 WELL O O O O O O O O O O O O O O 0 0.5 1.0 1.5 2.0 2.5 3.0 3.5 4.0 4.5 5.0 5.5 Which of the following best describes you Please check (✓) only one:</pre>	O         O         O         O         O           5         6.0         6.5         7.0         7.	OOO58.08.59.0	O O POO 9.5 10	ERY ORLY	RAPID (=FN+PN+GL)		
-	<ul> <li>1: I can do everything I want to do.</li> <li>2: I can do most of the things I want to do</li> <li>3: I can do some, but not all, of the things</li> <li>4: I can do hardly any of the things I want</li> </ul>	I want to do,			ons.	FATIG		
6. How much of a problem has UNUSUAL fatigue been for you OVER THE PAST WEEK? FATIGUE IS O O O O O O O O O O O O O O O O O O								
Muc	h Better (1), Better (2), the Same (3),	<b>W</b> orse (4),	Much Worse	(5) than o	ne week ago	ЈТАСТ		
enla NO A	n terms of joint tenderness (i.e. joint pain ass         irgement due to inflammation), how active wo         T AT ALL O O O O O O O O O O O O O         CTIVE       0       0.5       1.0       1.5       2.0       2.5       3.0       3.5       4.0       4.5       5         PS-NP2       PLEASE TURN TO THE OT	Diality         Diality <thdiality< th=""> <th< td=""><td>our rheumati</td><td>ic condition i</td><td></td><td></td></th<></thdiality<>	our rheumati	ic condition i				

## 9. Please place a check $(\sqrt{})$ in the appropriate box to indicate the amount of pain you are having today in each of the joint areas listed below:

	None	Mild	Moderate	Severe		None	Mild	Moderate	Severe	JT
LEFT FINGERS	0	1	2	3	RIGHT FINGERS	0	1	2	3	1=0.21 25=5.21
<u>LEFT WRIST</u>	0	1	2	3	RIGHT WRIST	0	1	2	3	2=0.42 26=5.42 3=0.63 27=5.63
LEFT ELBOW	0	1	2	3	RIGHT ELBOW	0	1	2	3	4=0.83 28=5.83 5=1.04 29=6.04 6=1.25 30=6.25
LEFT SHOULDER	<u>    0</u>	1	2	3	RIGHT SHOULDE	<u>R</u> 0	1	2	3	7=1.46 31=6.46 8=1.67 32=6.67
<u>LEFT HIP</u>	0	1	2	3	RIGHT HIP	0	1	2	3	9=1.88 33=6.88 10=2.08 34=7.08
<u>LEFT KNEE</u>	0	1	2	3	RIGHT KNEE	0	1	2	3	11=2.29 35=7.29 12=2.50 36=7.50
LEFT ANKLE	0	1	2	3	RIGHT ANKLE	0	1	2	3	13=2.71 37=7.71 14=2.92 38=7.92
<u>LEFT TOES</u>	0	1	2	3	RIGHT TOES	0	1	2	3	15=3.13 39=8.13 16=3.33 40=8.33 17=2.54 41=8.54
<u>NECK</u>	0	1	2	3	<u>BACK</u>	0	1	2	3	17=3.54 41=8.54 18=3.75 42=8.75 19=3.96 43=8.96
10. Please check	k (√) if y	ou hav	-	e <b>nced ar</b> n your th	y of the following		e <b>last mo</b> s of arms			20=4.17 $44=9.1721=4.38$ $45=9.38$
NOT AT ALL C	10 lbs) e yes g or blee lems hearing ears buth smell or t <b>now acti</b>	aste i <b>ve has</b> O C	Wheez Pain in Heart p Stomad Nausea Vomitir Constip Diarrhe Dark o Probler Gynecc Dizzine Losing Muscle	the ches bounding e swallow urn or st ch pain o ang bation ea r bloody ms with u blogical ( ess your bal pain, ac weaknes umatic o	stools	Fainting Swelling Swelling Joint pai Back pai Deck pai Use of d Smoking More tha Depressi Anxiety Problem Problem Sexual p Burning Problem	spells of hands of ankles in other n rugs not cigarette an 2 alcol ion - feeling s with thi s with me s with slee roblems in sex or s with so	sold in sto sold in sto solic drink ng blue nervous nking emory eping gans cial activiti <b>MONTHS</b> O O E	s per day ies <b>?</b> EXTREMELY	24=5.00 48=10.0
12. Over the las						0 7.5 0.0	0.5 9.0	9.5 10	ACTIVE	
□ No □ Yes Ha □ No □ Yes In □ No □ Yes A □ No □ Yes A □ No □ Yes Si □ No □ Yes Sr	ad an ope patient h new illne n importa de effect moke ciga	eration hospital ess, acc ant new (s) of a arettes	ization ident or tra symptom ny drug regularly	uma C C C C C	No □ Yes Chang No □ Yes Chang	je(s) of ac je(s) of m je job or v je of med je of prim	ddress arital stat work dutic ical insura ary care c	tus es, quit wo ance, Med or other de	ork, retired icare, etc. octor	
Your Name SEX:	<b>n</b> Full-time, Seeking	□ Part work,	-time 🗆 Dis 🗆 Other	sabled		Asian, circle the i 1 2 11 12	I Hispanio number o 3 4 13 14	c, □ Othe f years of 4 5 6 4 15 16	rschool you 7 8 17 18	have complete 9 10

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