

Multi-Dimensional Health Assessment Questionnaire (R783-NP2)

Please check the ONE best answer for your abilities at this time:

	Without ANY Difficulty	With SOME Difficulty	With MUCH Difficulty	UNABLE To Do
Over the last week were you able to:				
a. Dress yourself, including shoelaces & 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 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
k. Get a good night's sleep?	___0	___1	___2	___3
l. Deal with feelings of anxiety or being nervous?	___0	___1	___2	___3
m. Deal with feelings of depression or feeling blue?	___0	___1	___2	___3

For office use only

1.

1 - 0.3	16 - 5.3
2 - 0.7	17 - 5.7
3 - 1.0	18 - 6.0
4 - 1.3	19 - 6.3
5 - 1.7	20 - 6.7
6 - 2.0	21 - 7.0
7 - 2.3	22 - 7.3
8 - 2.7	23 - 7.7
9 - 3.0	24 - 8.0
10 - 3.3	25 - 8.3
11 - 3.7	26 - 8.7
12 - 4.0	27 - 9.0
13 - 4.3	28 - 9.3
14 - 4.7	29 - 9.7
15 - 5.0	30 - 10.0

2.

3.

Total:

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

NO PAIN	<input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/>	MAJOR PAIN
	0.0 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 10.0	

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

WELL	<input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/>	POOR
	0.0 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 10.0	

Patient Name: _____ Date of Birth: _____ Today's Date: _____

Conversion Table

Near Remission (NR): 1=0.3, 2=0.7, 3=1.0 Low Severity (LS): 4=1/3, 5=1.7, 6=2.0 Moderate Severity (MS): 7=2.3, 8=2.7, 9=3.0, 10=3.3, 11=3.7, 12=4.0
 High Severity (HS): 13=4.3, 14=4.7, 15=5.0, 16=5.3, 17=5.7, 18=6.0, 19=6.3, 20=6.7, 21=7.0, 22=7.3, 23=7.7, 24=8.0, 25=8.3, 26=8.7, 27=9.0, 28=9.3, 29=9.7, 30=10.0