MULTI-DIMENSIONAL HEALTH ASSESSMENT QUESTIONNAIRE

Name: _____ *Date of Birth*: ____ /____ / ____

OVER THE LAST WEEK, WERE YOU ABLE TO...	NO Difficulty 0	SOME Difficulty 1	MUCH Difficulty 2	UNABLE To Do 3
a. Dress yourself, including shoes and buttons?	☐	☐	☐	☐
b. Get in and out of bed?	☐	☐	☐	☐
c. Lift a full cup to your mouth?	☐	☐	☐	☐
d. Walk outdoors on flat ground?	☐	☐	☐	☐
e. Wash and dry your entire body?	☐	☐	☐	☐
f. Bend down to pick up items from the floor?	☐	☐	☐	☐
g. Turn regular faucets on and off?	☐	☐	☐	☐
h. Get in and out of a vehicle?	☐	☐	☐	☐
i. Walk two miles, if you wish?	☐	☐	☐	☐
j. Participate in recreational activities/sports?	☐	☐	☐	☐
k. Get a good night's sleep?	☐	☐	☐	☐
l. Deal with feelings of anxiety or being nervous?	☐	☐	☐	☐
m. Deal with feelings of depression/feeling blue?	☐	☐	☐	☐

HOW MUCH PAIN HAVE YOU HAD BECAUSE OF YOUR CONDITION OVER THE LAST WEEK?

NO PAIN ☐ PAIN AS BAD AS IT COULD BE

0 1 2 3 4 5 6 7 8 9 10

CONSIDERING ALL THE WAYS IN WHICH ILLNESS AND HEALTH CONDITIONS MAY AFFECT YOU AT THIS TIME, HOW ARE YOU DOING OVERALL?

VERY WELL ☐ VERY POORLY

0 1 2 3 4 5 6 7 8 9 10

PLEASE CHECK IF YOU HAVE EXPERIENCED ANY OF THESE 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
- ☐ Loss of hair
- ☐ Dry eyes
- ☐ Other eye problems
- ☐ Problems with hearing
- ☐ Ringing in ears
- ☐ Stuffy nose
- ☐ Sores in mouth
- ☐ Dry mouth
- ☐ Problems with smell or taste
- ☐ Cough
- ☐ Shortness of breath
- ☐ Wheezing
- ☐ Pain in chest
- ☐ Heart pounding (palpitations)
- ☐ Trouble swallowing
- ☐ Heartburn or stomach gas
- ☐ Stomach pain or cramps
- ☐ Nausea
- ☐ Vomiting
- ☐ Constipation
- ☐ Diarrhea
- ☐ Dark or bloody stools
- ☐ Problems with urination
- ☐ Dizziness
- ☐ Losing your balance
- ☐ Muscle pain, aches, or cramps
- ☐ Muscle weakness
- ☐ Paralysis of arms or legs
- ☐ Numbness or tingling
- ☐ Fainting spells
- ☐ Swelling of hands
- ☐ Swelling of ankles
- ☐ Swelling in other joints
- ☐ Joint pain
- ☐ Back pain
- ☐ Neck pain
- ☐ Depression-feeling blue
- ☐ Anxiety-feeling nervous
- ☐ Problems with thinking
- ☐ Problems with memory