Multi Dimensional Health Assessment Questionnaire (MDHAQ)

Date of birth: ☐☐ / ☐☐ / ☐☐☐☐ Last 4 digits of your social security number: ☐☐☐☐

Your Initials: ☐☐☐ Name: (Optional) _____

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.

Today's Date: ☐☐ / ☐☐ / ☐☐☐☐

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

Over the last week, were you able to:	Without Any Difficulty (0)	With Some Difficulty (1)	With Much Difficulty (2)	Unable To Do (3)
Dress yourself, including shoelaces and buttons?	☐	☐	☐	☐
Get in and out of bed?	☐	☐	☐	☐
Lift a full cup or glass to your mouth?	☐	☐	☐	☐
Walk outdoors on flat ground?	☐	☐	☐	☐
Wash and dry your entire body?	☐	☐	☐	☐
Bend down to pick up clothing from the floor?	☐	☐	☐	☐
Turn faucets on and off?	☐	☐	☐	☐
Get in and out of a car, bus, train, or airplane?	☐	☐	☐	☐
Walk two miles?	☐	☐	☐	☐
Participate in sports and games as you would like?	☐	☐	☐	☐
Get a good night's sleep?	☐	☐	☐	☐
Deal with feelings of anxiety or being nervous?	☐	☐	☐	☐
Deal with feelings of depression or feeling blue?	☐	☐	☐	☐

2. How much pain have you had because of your condition OVER THE LAST WEEK? Place an X in the box below that best describes the severity of your pain on a scale of 0-100.

NO PAIN 0 ○ ☐ ☐ ☐ ○ ☐ ☐ ☐ ○ ☐ ☐ ☐ ○ ☐ ☐ ☐ ○ ☐ ☐ ☐ ○ 100 PAIN AS BAD AS IT COULD BE

3. If you are stiff in the morning, about how long does the stiffness last? ☐ No stiffness ☐ Less than 15 min

☐ 15-30 min ☐ 30-45 min ☐ 45 min- 1 hr ☐ 1-2 hrs ☐ 2-4 hrs ☐ 4-8 hrs ☐ More than 8 hrs

4. How much of a problem has USUAL fatigue or tiredness been for you OVER THE LAST WEEK? Place an X in the box below that best describes the severity of your fatigue on a scale of 0-100.

FATIGUE IS NO PROBLEM 0 ○ ☐ ☐ ☐ ○ ☐ ☐ ☐ ○ ☐ ☐ ☐ ○ ☐ ☐ ☐ ○ ☐ ☐ ☐ ○ 100 FATIGUE IS A MAJOR PROBLEM

5. What is the main reason you are seeing a rheumatologist today? ☐ Not Sure

☐ Rheumatoid Arthritis ☐ Osteoarthritis ☐ Fibromyalgia ☐ Postive lab test ☐ Other _____
(please specify)

6. Considering all the ways in which your illness and health conditions may affect you at this time, please place an **X** in the box below to show how you are doing on a scale of 0-100.

VERY WELL **0** ○ ☐ ☐ ☐ ○ ☐ ☐ ☐ ○ ☐ ☐ ☐ ○ ☐ ☐ ☐ ○ ☐ ☐ ☐ ○ **100** VERY POORLY

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7. Please check if you have experienced any of the following over the last month:

☐ Fever	☐ Cough	☐ Numbness or tingling of arms or legs
☐ Weight gain (>10 lbs)	☐ Shortness of breath	☐ Fainting spells
☐ Weight loss (<10lbs)	☐ Wheezing	☐ Swelling of hands
☐ Feeling sickley	☐ Pain in the chest	☐ Swelling of ankles
☐ Headache	☐ Wheezing (asthma)	☐ Swelling in other joints
☐ Unusual fatigue	☐ Heart pounding (palpitations)	☐ Joint pain
☐ Swollen glands	☐ Trouble swallowing	☐ Back pain
☐ Loss of appetite	☐ Heartburn or stomach gas	☐ Neck pain
☐ Skin rash or hives	☐ Stomach pain or cramps	☐ Use of drugs not sold in stores
☐ Unusual bruising of bleeding	☐ Nausea	☐ Smoking cigarettes
☐ Other skin problems	☐ Vomiting	☐ More than 2 alcoholic drinks per day
☐ Loss of hair	☐ Constipation	☐ Depression- feeling blue
☐ Dry eyes	☐ Diarrhea	☐ Anxiety- feeling nervous
☐ Other eye problems	☐ Dark or bloody stools	☐ Problems with thinking
☐ Problems with hearing	☐ Problems with urination	☐ Problems with memory
☐ Ringing in ears	☐ Gynecological (female) problems	☐ Problems with sleeping
☐ Stuffy nose	☐ Dizziness	☐ Sexual problems
☐ Sores in the mouth	☐ Losing your balance	☐ Burning in sex organs
☐ Dry mouth	☐ Muscle pain, aches, or cramps	☐ Problems with social activities
☐ Problems with smell or taste	☐ Muscle weakness	
☐ Lump in your throat	☐ Paralysis of arms or legs	

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8. Please place a check in the appropriate box to indicate the amount of pain you having today in each of the joint listed below.

LEFT Side Joints	None	Mild	Moderate	Severe
Fingers	☐	☐	☐	☐
Wrists	☐	☐	☐	☐
Elbow	☐	☐	☐	☐
Shoulder	☐	☐	☐	☐
Hip	☐	☐	☐	☐
Knee	☐	☐	☐	☐
Ankle	☐	☐	☐	☐
Toes	☐	☐	☐	☐

RIGHT Side Joints	None	Mild	Moderate	Severe
Fingers	☐	☐	☐	☐
Wrists	☐	☐	☐	☐
Elbow	☐	☐	☐	☐
Shoulder	☐	☐	☐	☐
Hip	☐	☐	☐	☐
Knee	☐	☐	☐	☐
Ankle	☐	☐	☐	☐
Toes	☐	☐	☐	☐

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