

MDHAQ FORM

Date of Birth

This questionnaire includes information not available from blood tests, x-rays, or any other source than you. Please try to answer each question, even if you do not think it is related to you at this time. Try to complete as much as you can yourself, but if you need help, please ask. There are no wrong or right answers. Please answer exactly as you think or feel. Thank you.

Date of Birth

Patient Name _____ Today's Date _____ / _____ / _____
 Month / Day / Year (xxxx)

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 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. a-j FN (10)	
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 = 4.1	28 = 9.3
14 = 4.7	29 = 9.7
15 = 5.0	30 = 10

2. How much pain have you had because of your condition OVER THE PAST WEEK?

Please indicate below how severe your pain has been:

	0	0.5	1	1.5	2	2.5	3	3.5	4	4.5	5	5.5	6	6.5	7	7.5	8	8.5	9	9.5	10
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PAIN AS BAD
AS IT COULD
BE

2. PN (0-10)
3. PTGL (0-10)

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

	0	0.5	1	1.5	2	2.5	3	3.5	4	4.5	5	5.5	6	6.5	7	7.5	8	8.5	9	9.5	10
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VERY
POORLY

RAPID3 (0-30)

Cat: HS = >12 MS = 6.1 - 12 LS = 3.1 - 6 R = < 3
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OFFICE USE ONLY

RAPID3 CUMULATIVE: _____	Weighted RAPID3: _____
Severity: _____	Modified HAQ: _____
Name of Scorer: _____	Date: _____