

# HEALTH ASSESSMENT QUESTIONNAIRE: Greg E Eudy MD PC

YOUR NAME \_\_\_\_\_ Date of Birth \_\_\_\_\_ Today's Date \_\_\_\_\_

YOUR E-MAIL ADDRESS \_\_\_\_\_

> **Primary Physician** (name & phone) \_\_\_\_\_ **My Last OV w/ Primary was in 20(\_\_\_\_)**  
(Add last 2 digits of year)

> **IMMUNIZATION HISTORY** -- Circle correct answers below and/or enter Month and Year if known:

- (1) Have you ever been vaccinated against **Pneumonia**? .....Yes or No      Month \_\_\_\_ Year \_\_\_\_
- (2) **Flu vaccination during most recent Flu season (October thru March only)?** ...Yes or No      Month \_\_\_\_ Year \_\_\_\_
- (3) Have you ever been vaccinated against **Shingles**? ..... Yes or No      Month \_\_\_\_ Year \_\_\_\_

> **SMOKING STATUS:** NEVER SMOKER    QUIT    SOME DAYS    EVERYDAY    More than 20 cigarettes/day

## RAPID 3 MULTIDIMENSIONAL HEALTH ASSESSMENT QUESTIONNAIRE (MDHAQ)

1. Please circle the ONE best answer for your ability to function at this time:

**FUNCTION**

FN 0-10

<u>OVER THE PAST WEEK</u> , were you able to:	Not any difficulty	Some difficulty	Much difficulty	Unable to do it		
Dress yourself, including tying shoelaces, and doing buttons?	0	1	2	3	1 = 0.3	16 = 5.3
Get in and out of bed?	0	1	2	3	2 = 0.7	17 = 5.7
Lift a full cup or glass to your mouth?	0	1	2	3	3 = 1.0	18 = 6.0
Walk outdoors on flat ground?	0	1	2	3	4 = 1.3	19 = 6.3
Wash and dry your entire body?	0	1	2	3	5 = 1.7	20 = 6.7
Bend down and pick up clothing from the floor?	0	1	2	3	6 = 2.0	21 = 7.0
Turn regular faucets on and off?	0	1	2	3	7 = 2.3	22 = 7.3
Get in and out of a car, bus, train or airplane?	0	1	2	3	8 = 2.7	23 = 7.7
Walk two miles, if you wish?	0	1	2	3	9 = 3.0	24 = 8.0
Participate in recreation, sports or games as you would like?	0	1	2	3	10 = 3.3	25 = 8.3
Get a good night's sleep?	0	1	2	3	11 = 3.7	26 = 8.7
Deal with feelings of anxiety or being nervous?	0	1	2	3	12 = 4.0	27 = 9.0
Deal with feelings of anxiety or feeling blue?	0	1	2	3	13 = 4.3	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? Circle the best number:

NONE WORST POSSIBLE

**PAIN**    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    PN 0-10

3. Considering **ALL WAYS** that illness and health conditions affect you: please mark **HOW YOU ARE DOING NOW**:

**PATIENT**    VERY WELL VERY POORLY

**GLOBAL**    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    PTGL 0-10

**RAPID 3**

**TOTAL SCORE FOR RAPID 3 (FUNCTION + PAIN + PATIENT GLOBAL) -----**