Inova™

3QUESTI

☐ Initial Assessment ☐ _____ - Day Reassessment ☐ Discharge

The following question reflect upon your feeling and abilities **over the past 4 weeks**.

1. What was the hardest physical activity you could do for at least 2 minutes?

   ☐ Very heavy (run/fast pace, carry heavy loads uphill)
   ☐ Heavy (jog/slow pace, climb stairs or hill)
   ☐ Moderate (walk/medium pace, carry heavy loads on level ground)
   ☐ Light (walk/medium pace, carry light loads on level ground)
   ☐ Very light (walk/slow pace, wash dishes)

2. How much have you been bothered by emotional problems such as feeling anxious, depressed, irritable or downhearted and blue?

   ☐ Not at all
   ☐ Slightly
   ☐ Moderately
   ☐ Quite a bit
   ☐ Extremely

3. How much difficulty have you had doing your usual activities or tasks both inside and outside the house because of your physical and emotional health?

   ☐ No difficulty
   ☐ A little bit of difficulty
   ☐ Some difficulty
   ☐ Much difficulty
   ☐ Could not do

4. Has your physical and emotional health limited your social activities with family, friends, neighbors or groups?

   ☐ Not at all
   ☐ Slightly
   ☐ Moderately
   ☐ Quite a bit
   ☐ Extremely

5. How much bodily pain have you generally had?

   ☐ No pain
   ☐ Very mild pain
   ☐ Mild pain
   ☐ Moderate pain
   ☐ Severe pain

PATIENT IDENTIFICATION

If label is not available, please complete:

Patient Name: _____

Date of Birth: _____ Medical Record # _____

Gender: ❑ Male ❑ Female

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Dartmouth Coop Quality of Life Index

☐ IAH ☐ IFH ☐ IFOH ☐ ILH ☐ IMVH

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6. How would you rate your overall health now compared to 4 weeks ago?

   ☐ Much better
   ☐ A little better
   ☐ About the same
   ☐ A little worse
   ☐ Much worse

7. How would you rate your health in general?

   ☐ Excellent
   ☐ Very good
   ☐ Good
   ☐ Fair
   ☐ Poor

8. Was someone available to help you if you needed and wanted help?

   ☐ Yes, as much as I wanted
   ☐ Yes, quite a bit
   ☐ Yes, some
   ☐ Yes, a little
   ☐ No, not at all

9. How have things been going for you during the past 4 weeks?

   ☐ Very well - could hardly be better
   ☐ Pretty good
   ☐ Good and bad parts about equal
   ☐ Pretty bad
   ☐ Very bad - could hardly be worse

Score: _____

Patient (signature): _____ Date: _____Time: _____

If patient is unable to complete:

Completed by (signature): _____ Date: _____Time: _____

Completed by (print name): _____ Relationship to Patient: _____

Clincian (signature): _____ Date: _____Time: _____

Clinician (print name): _____

Interpreter Information (To be completed by Inova staff, if applicable)**:**
☐ In person ☐ Telephonic ☐ Video Interpreter name/ID number (if applicable) _____
☐ Patient/Designated Decision Maker was offered and refused interpreter ☐ Waiver signed

PATIENT IDENTIFICATION

If label is not available, please complete:

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