



HEALTH ASSESSMENT QUESTIONNAIRE (HAQ)

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.

1. Please check (✓) the ONE best answer for your abilities <u>OVER THE PAST WEEK</u>:

DRESSING & GROOMING a. Dress yourself, including tying shoelaces and olong buttons? b. Shampoo your hair? c. Stand up from an armless chair? d. Get in and out of bed? EATING e. Cut your meat? g. Open a new milk carton? WALKING N. Walk outdoors on flat ground? i. Climb up five steps? Please check any AIDS OR DEVICES that you usually use for any of these activities: Cane Devices used for dressing (button hook, zipper puller, etc) Walker Wheelchair Please check any categories for which you need HELP FROM ANOTHER PERSON Dressing and Grooming Eating Arising Walking HYGIENE J. Wash and dry your entire body? K. Take a tub bath? J. Get on and off the toilet? REACH M. Reach and get a 5-lb object (such as a bag of n. sugar) from just above your head? O. Bend down and pick up clothing from the floor? GRIP D. Open car doors? Q. Open jars which have been previously opened? T. Turn faucets on and off? ACTIVITIES S. Run errands and shop? L. Get in and out of a car?	a. Dress yourself, including tying shoelaces and doing buttons? Shampoo your hair?	Were you able to:	Without ANY Difficulty	Difficulty	Difficulty	To Do
D. Shampoo your hair?	b. Shampoo your hair? ARISING C. Stand up from an armless chair? d. Get in and out of bed? EATING E. Lift a full cup or glass to your mouth? g. Open a new milk carton? WALKING h. Walk outdoors on flat ground? i. Climb up five steps? Please check any AIDS OR DEVICES that you usually use for any of these activities: Cane Devices used for dressing (button hook, zipper puller, etc) Walker Built-up or special utensils Crutches Special or built up chair Wheelchair Other (specify): Please check any categories for which you need HELP FROM ANOTHER PERSON Dressing and Grooming Eating Arising Walking HYGIENE j. Wash and dry your entire body? k. Take a tub bath? k. Take a tub bath? k. Get on and off the toilet? g. Bend down and pick up clothing from the floor? GRIP p. Open car doors? q. Open jars which have been previously opened? r. Turn faucets on and off? ACTIVITIES S. Run errands and shop? c. Set in and out of a car? c. Lift a full cup or deas so up a manual or a care in a mile is care.	a. Dress yourself, including tying shoelaces a	and 🗖	0		
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f. Lift a full cup or glass to your mouth?	f. Lift a full cup or glass to your mouth? g. Open a new milk carton? WALKING h. Walk outdoors on flat ground? i. Climb up five steps? Please check any AIDS OR DEVICES that you usually use for any of these activities: Cane Walker <td< td=""><td>c. Stand up from an armless chair?d. Get in and out of bed?</td><td>-</td><td>_</td><td>_</td><td></td></td<>	c. Stand up from an armless chair?d. Get in and out of bed?	-	_	_	
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		s. Run errands and shop?t. Get in and out of a car?			<u> </u>	ā
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Please check any AIDS OR DEVICES that you usually use for any of these activities: Raised toilet seat Long-handled appliances for reach Long-handled appliances in bathroom Bathtub seat Bathtub bar Other (Specify):					
Please check any categories for which you NEED HELP FROM ANOTHER PERSON ☐ Hygience ☐ Gripping and opening things ☐ Reach ☐ Errands and chores					
2. How much PAIN have you had because of your illness in the PAST WEEK? Please indicate on the scale below how severe your pain has been:					
NO VERY SEVERE 0 1 2 3 4 5 6 7 8 9 10 PAIN					
3. How much of a problem has UNUSUAL fatigue or tiredness been for you OVER THE PAST WEEK?					
FATIGUE IS NO PROBLEM 0 1 2 3 4 5 6 7 8 9 10 PROBLEM					
4. How much of a problem has sleeping been for you OVER THE PAST WEEK?					
SLEEP IS A SLEEP IS A MAJOR PROBLEM 0 1 2 3 4 5 6 7 8 9 10 PROBLEM					
5. How active has your arthritis been in the LAST 24 HOURS?					
VERY WELL 0 1 2 3 4 5 6 7 8 9 10 VERY POORLY					
6. When you get up in the morning do you feel stiff? ☐ YES If you answer NO please go to item number 7. If you answer YES, please write the number of minutes:, OR number of hours: until you are as limber as you will be for the day?					
7. How do you feel today compared to ONE MONTH AGO? Please check only one:					
☐ MUCH BETTER(1) ☐ BETTER(2) ☐ THE SAME(3) ☐ WORSE(4) ☐ MUCH WORSE(5)					
For office use only					
HAQ PN FT SL GL AM CH 1=0.125 7=0.875 13=1.625 19=2.375 2=0.25 8=1.0 14=1.75 20=2.5 3=0.375 9=1.125 15=1.875 21=2.625 4=0.5 10=1.25 16=2.0 22=2.75 5=0.625 11=1.375 17=2.125 23=2.875 6=0.75 12=1.5 18=2.25 24=3.0 0-0.5 Mild →0.5-1.0 Mild-Mod →1.0-1.5 Mod →1.5-2.0 Mod-Sev → 2.0-3.0 Sev					