

Health Assessment Questionnaire

Stanford University School of Medicine · Division of Immunology & Rheumatology

Name _____ Date _____

We are interested in learning how your illness affects your ability to function in daily life. Please feel free to add any additional comments on the back of this page.

Please check the response that best describes your usual abilities OVER THE PAST WEEK:

DRESSING & GROOMING

Are you able to: – Dress yourself, including tying shoelaces and doing buttons?
– Shampoo your hair?

	Without ANY difficulty 0	With SOME difficulty 1	With MUCH difficulty 2	UNABLE to do 3
Are you able to: – Dress yourself, including tying shoelaces and doing buttons?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
– Shampoo your hair?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

ARISING

Are you able to: – Stand up from a straight chair?
– Get in and out of bed?

Are you able to: – Stand up from a straight chair?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
– Get in and out of bed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

EATING

Are you able to: – Cut your meat?
– Lift a full cup or glass to your mouth?
– Open a new milk carton?

Are you able to: – Cut your meat?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
– Lift a full cup or glass to your mouth?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
– Open a new milk carton?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

WALKING

Are you able to: – Walk outdoors on flat ground?
– Climb up five steps?

Are you able to: – Walk outdoors on flat ground?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
– Climb up five steps?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please check any AIDS OR DEVICES that you usually use for any of these activities:

- Cane Wheelchair Built-up or special utensils Other (Specify:)
 Walker Devices used for dressing Special or built-up chair
 Crutches (button hook, zipper pull, long shoe horn, etc.)

Please check any categories for which you usually need HELP FROM ANOTHER PERSON:

- Dressing and grooming Arising Eating Walking

THIS COLUMN FOR PHYSICIAN USE ONLY

HIGHEST score

SUBTOTAL Bring to top of next page

✓ Please check the response that best describes your usual abilities OVER THE PAST WEEK:

HYGIENE

- Are you able to: – Wash and dry your body?
- Take a tub bath?
- Get on and off the toilet?

REACH

- Are you able to: – Reach and get down a 5-pound object (such as a bag of sugar) from just above your head?
- Bend down to pick up clothing from the floor?

GRIP

- Are you able to: – Open car doors?
- Open jars which have been previously opened?
- Turn faucets on and off?

ACTIVITIES

- Are you able to: – Run errands and shop?
- Get in and out of a car?
- Do chores such as vacuuming or yardwork?

Without ANY difficulty 0

With SOME difficulty 1

With MUCH difficulty 2

UNABLE to do 3

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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✓ Please check any AIDS OR DEVICES that you usually use for any of these activities:

- Raised toilet seat
- Bathtub bar
- Other (Specify): _____
- Bathtub seat
- Long-handled appliances for reach
- Jar opener (for jars previously opened)
- Long-handled appliances in bathroom

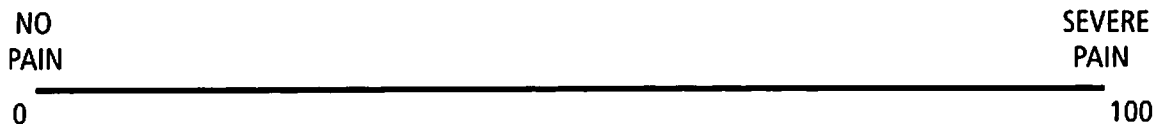
✓ Please check any categories for which you usually need HELP FROM ANOTHER PERSON:

- Hygiene
- Reach
- Gripping and opening things
- Errands and chores

We are also interested in learning whether or not you are affected by pain because of your illness.

How much pain have you had because of your illness IN THE PAST WEEK:

PLACE A VERTICAL (|) MARK ON THE LINE TO INDICATE THE SEVERITY OF THE PAIN



SUBTOTAL
From bottom
of page 1

HIGHEST score

Total

÷

Number of
answered
groups

=

**TOTAL HAQ
DISABILITY
SCORE**

**TOTAL PAIN
SCORE**