

# arthritis health

Comprehensive Care  
Rheumatology • Naturopathy

## Health Assessment Questionnaire (HAQ)\*

Name: \_\_\_\_\_

Date: \_\_\_\_\_

This questionnaire will help assess how your illness affects your ability to function in daily life.

Place an "X" in the response that best describes your usual abilities OVER THE PAST WEEK:

	Without ANY Difficulty (0)	With SOME Difficulty (1)	With MUCH Difficulty (2)	UNABLE to do (3)	Physician Use
<b>Dressing &amp; Grooming</b>					
Are you able to:					
- Dress yourself, including tying shoelaces and buttons?	<input type="checkbox"/>	<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"/>	
<b>Arising</b>					
Are you able to:					
- Stand up from a straight chair?	<input type="checkbox"/>	<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"/>	
<b>Eating</b>					
Are you able to:					
- Cut your meat?	<input type="checkbox"/>	<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 carton of milk?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>Walking</b>					
Are you able to:					
- Walk outdoors on flat ground?	<input type="checkbox"/>	<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"/>	
					<input type="checkbox"/>
					<b>Subtotal</b>

Place an "X" in any AIDS or DEVICES that you usually use for any of these activities:

- |                                   |   |   |   |
|-----------------------------------|---|---|---|
| <input type="checkbox"/> Cane     | <input type="checkbox"/> Wheelchair   | <input type="checkbox"/> Built-up or special utensils | <input type="checkbox"/> Other (specify): _____ |
| <input type="checkbox"/> Walker   | <input type="checkbox"/> Devices used for dressing (button hook, zipper pull, long shoe horn, etc.) | <input type="checkbox"/> Special or built-up chair    |   |
| <input type="checkbox"/> Crutches |   |   |   |

Place an "X" in any categories for which you usually need HELP FROM ANOTHER PERSON:

Dressing

Arising

Eating

Walking

*\* - Developed by the Stanford University School of Medicine, Division of Immunology and Rheumatology*



| No Pain \_\_\_\_\_ Severe Pain |  
| 0 \_\_\_\_\_ 100 |

Place a vertical (|) mark on the line to indicate the severity of pain.