ST JOSEPH'S HEALTH CARE
LONDON

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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.

Please check (✓) the ONE best answer for your abilities OVER THE PAST WEEK:

	Without **ANY** Difficulty	With **SOME** Difficulty	With **MUCH** Difficulty	**UNABLE** to DO
DRESSING & GROOMING				
Dress yourself, including tying shoelaces and buttons? ..	❑	❑	❑	❑
Shampoo your hair?	❑	❑	❑	❑
ARISING				
Stand up from an armless chair?	❑	❑	❑	❑
Get in and out of bed?.....	❑	❑	❑	❑
EATING				
Cut your meat?	❑	❑	❑	❑
Lift a full cup or glass to your mouth?	❑	❑	❑	❑
Open a new milk carton?	❑	❑	❑	❑
WALKING				
Walk outdoors on flat ground?	❑	❑	❑	❑
Climb up five steps?	❑	❑	❑	❑
HYGIENE				
Wash and dry your entire body?	❑	❑	❑	❑
Take a tub bath?	❑	❑	❑	❑
Get on and off the toilet?	❑	❑	❑	❑
REACH				
Reach and get a 5-lb object (such as a bag of sugar) from just above your head?	❑	❑	❑	❑
Bend down and pick up clothing from the floor?	❑	❑	❑	❑
GRIP				
Open car doors?	❑	❑	❑	❑
Open jars which have been previously opened?	❑	❑	❑	❑
Turn faucets on and off?	❑	❑	❑	❑
ACTIVITIES				
Run errands and shop?	❑	❑	❑	❑
Get in and out of a car?	❑	❑	❑	❑
Do chores such as vacuuming, yard work?	❑	❑	❑	❑

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

Dressing: ❑ Devices used for dressing (button hook, zipper puller, etc)
Eating: ❑ Built-up or special utensils
Walking: ❑ Cane ❑ Walker ❑ Crutches ❑ Wheel Chair ❑ Special chair
Hygiene: ❑ Raised toilet seat ❑ Bathtub seat ❑ Bathtub bar
Reach: ❑ Long-handled appliances for reach ❑ Long-handled appliances in bathroom
Grip: ❑ Jar opener
Other: _____

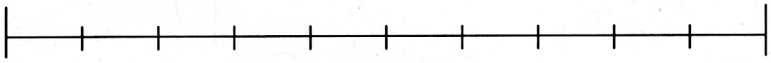
Please check any categories for which you need HELP FROM ANOTHER PERSON

❑ Dressing and Grooming ❑ Arising ❑ Eating ❑ Walking
❑ Hygiene ❑ Reach ❑ Gripping and opening things ❑ Errands and chores

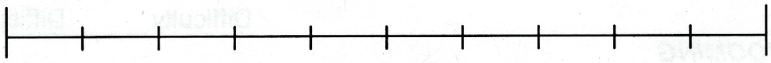
1=0.125	2=0.25	3=0.375	4=0.5	5=0.625	6=0.75	7=0.875	8=1.0
9=1.125	10=1.25	11=1.375	12=1.5	13=1.625	14=1.75	15=1.875	16=2.0
17=2.125	18=2.25	19=2.375	20=2.5	21=2.625	22=2.75	23=2.875	24=3.0

PLEASE TURN OVER

1. **How much <u>PAIN</u> have you had because of your illness in the <u>PAST WEEK</u>? Please indicate on the scale below how severe your pain has been:**

NO PAIN  VERY SEVERE PAIN

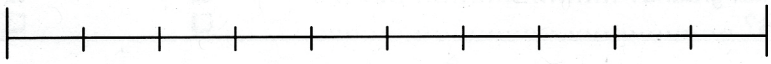
2. **How much of a problem has <u>UNUSUAL FATIGUE</u> or tiredness been for you <u>OVER THE PAST WEEK</u>? Place a mark on the line below**

FATIGUE IS NO PROBLEM  FATIGUE IS A MAJOR PROBLEM

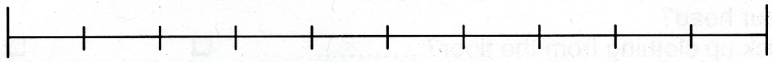
3. **Since your <u>LAST VISIT</u>, how do you feel your <u>FATIGUE</u> has changed:**

❑ Not Changed ❑ Changed a little bit ❑ Changed alot

4. **How much of a problem has <u>SLEEPING</u> been for you <u>OVER THE PAST WEEK</u>? Place a mark on the line below**

SLEEP IS NO PROBLEM  SLEEP IS A MAJOR PROBLEM

5. **Considering all the ways in which illness and health conditions may affect you at this time, please make a mark on the line below to show how you are doing:**

VERY WELL  VERY POORLY

6. **When you get up in the <u>MORNING</u> do you feel <u>STIFF</u>?** ❑ YES ❑ NO
   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 would you describe your <u>OVERALL STATUS</u> since your last visit? Please check only one:**

❑ MUCH BETTER(1) ❑ BETTER(2) ❑THE SAME(3) ❑WORSE(4) ❑MUCH WORSE(5)