Appendix F

HEALTH ASSESSMENT QUESTIONNAIRE (HAQ)

Patient name: _____________________________ Hospital number: ___________________________
Date: ____________________________________

We are interested in learning how your illness affects your ability to function in daily life. Please feel free to add any comments at the end of this form.

Please tick the one response which best describes your usual abilities over the past week.

<table>
<thead>
<tr>
<th></th>
<th>Without ANY Difficulty</th>
<th>with SOME Difficulty</th>
<th>with MUCH Difficulty</th>
<th>Unable to do</th>
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</thead>
<tbody>
<tr>
<td>1. DRESSING AND GROOMING: are you able to:</td>
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<td>- Dress yourself, including tying your shoelaces and buttons?</td>
<td>______</td>
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<td>______</td>
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<tr>
<td>- Shampoo your hair?</td>
<td>______</td>
<td>______</td>
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| 2. RISING: are you able to: |                       |                      |                      |              |
| - Stand up from an armless straight chair? | ______ | ______ | ______ | ______ |
| - Get in and out of bed? | ______ | ______ | ______ | ______ |

| 3. EATING: are you able to: |                       |                      |                      |              |
| - Cut your meat? | ______ | ______ | ______ | ______ |
| - Lift a full cup or glass to your mouth? | ______ | ______ | ______ | ______ |
| - Open a new carton of milk or soap powder? | ______ | ______ | ______ | ______ |

| 4. WALKING: are you able to: |                       |                      |                      |              |
| - Walk outdoors on flat ground? | ______ | ______ | ______ | ______ |
| - Climb up five steps? | ______ | ______ | ______ | ______ |

Please tick any aids or assistive devices that you usually use for any of these activities:

_____ cane
_____ devices for dressing (button hook/zipper pull/long handled shoe horn, etc)
_____ walking frame
_____ built-up or special utensils
_____ crutches
_____ special or built-up chair
_____ wheelchair
Other (specify): _________________________________________________________________________

Please tick any of the categories for which you usually need help from another person:

_____ Dressing and grooming  _____ Eating  _____ Rising  _____ Walking
Appendix F

Please tick the one response which best describes your usual abilities over the past week.

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5. **HYGIENE**: are you able to:
- Wash and dry your entire body? _______  _______  _______  _______  _______
- Take a bath? _______  _______  _______  _______  _______
- Get on and off the toilet? _______  _______  _______  _______  _______

6. **REACH**: are you able to:
- Reach and get a 2kg object (e.g. bag of potatoes) from above your head? _______  _______  _______  _______  _______
- Bend down to pick up clothing from the floor? _______  _______  _______  _______  _______

7. **GRIP**: are you able to:
- Open car doors? _______  _______  _______  _______  _______
- Open jars which have been previously opened? _______  _______  _______  _______  _______
- Turn taps on and off? _______  _______  _______  _______  _______

8. **ACTIVITIES**: are you able to:
- Run errands and shop? _______  _______  _______  _______  _______
- Get in and out of a car? _______  _______  _______  _______  _______
- Do chores such as vacuuming, housework or light gardening? _______  _______  _______  _______  _______

Please tick any aids or assistive devices that you usually use for any of these activities:
- _____ raised toilet seat
- _____ bath rail
- _____ bath seat
- _____ long handled appliances for reach
- _____ jar opener
Other (specify):

Please tick any of the categories for which you usually need help from another person:
- _____ Hygiene
- _____ Gripping and opening things
- _____ Reach
- _____ Errands and housework