

HEALTH ASSESSMENT QUESTIONNAIRE (HAQ)

Date:

Patient Name:

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

Without ANY difficulty With SOME difficulty With MUCH difficulty UNABLE to do

1. DRESSING and GROOMING

Are you able to:

- | | | | | | |
|---|--------------------------|--------------------------|--------------------------|--------------------------|----------------------|
| a. Dress yourself, including tying shoelaces and doing buttons? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="text"/> |
| b. Shampoo your hair? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="text"/> |

2. RISING

Are you able to:

- | | | | | | |
|---|--------------------------|--------------------------|--------------------------|--------------------------|----------------------|
| a. Stand up from an armless straight chair? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="text"/> |
| b. Get in and out of bed? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="text"/> |

3. EATING

Are you able to:

- | | | | | | |
|--|--------------------------|--------------------------|--------------------------|--------------------------|----------------------|
| a. Cut your meat? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="text"/> |
| b. Lift a full cup or glass to your mouth? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="text"/> |
| c. Open a new carton of milk (or soap powder)? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="text"/> |

4. WALKING

Are you able to:

- | | | | | | |
|----------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|----------------------|
| a. Walk outdoors on flat ground? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="text"/> |
| b. Climb up five steps? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="text"/> |

PLEASE TICK ANY AIDS OR DEVICES THAT YOU USUALLY USE FOR ANY OF THESE ACTIVITIES:

- | | | |
|---------------------------------------|---|---|
| Cane (W) <input type="checkbox"/> | Walking frame(W) <input type="checkbox"/> | Built-up or special utensils (E) <input type="checkbox"/> |
| Crutches (W) <input type="checkbox"/> | Wheelchair (W) <input type="checkbox"/> | Special or built-up chair (A) <input type="checkbox"/> |

Devices used for dressing (button hooks, zipper pull, shoe horn)

Other (specify).....

PLEASE TICK ANY CATEGORIES FOR WHICH YOU USUALLY NEED HELP FROM ANOTHER PERSON:

- | | |
|--|----------------------------------|
| Dressing and Grooming <input type="checkbox"/> | Eating <input type="checkbox"/> |
| Rising <input type="checkbox"/> | Walking <input type="checkbox"/> |

ID

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

Without ANY difficulty With SOME difficulty With MUCH difficulty UNABLE to do

5. HYGIENE

Are you able to:

a. Wash and dry your entire body?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<div style="border: 1px solid black; width: 60px; height: 40px; margin: 0 auto; text-align: center; line-height: 40px;">-----</div>
b. Take a bath?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
c. Get on and off the toilet?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

6. REACH

Are you able to:

a. Reach and get down a 5 lb object (e.g. a bag of potatoes) from just above your head?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<div style="border: 1px solid black; width: 60px; height: 40px; margin: 0 auto; text-align: center; line-height: 40px;">-----</div>
b. Bend down to pick up clothing off the floor?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

7. GRIP

Are you able to:

a. Open car doors?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<div style="border: 1px solid black; width: 60px; height: 40px; margin: 0 auto; text-align: center; line-height: 40px;">-----</div>
b. Open jars which have been previously opened?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
c. Turn taps on and off?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

8. ACTIVITIES

Are you able to:

a. Run errands and shop?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<div style="border: 1px solid black; width: 60px; height: 40px; margin: 0 auto; text-align: center; line-height: 40px;">-----</div>
b. Get in and out of a car?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
c. Do chores such as vacuuming, housework or light gardening?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

PLEASE TICK ANY AIDS OR DEVICES THAT YOU USUALLY USE FOR ANY OF THESE ACTIVITIES:

Raised toilet seat (H) Bath seat (H) Bath rail (H)

Long handled appliances for reach (R)

Jar opener (for jars previously opened) (G)

Other (specify) -----

PLEASE TICK ANY CATEGORIES FOR WHICH YOU USUALLY NEED HELP FROM ANOTHER PERSON:

Hygiene Gripping and opening things

Reach Errands and housework

HAQ	Score
0	0.0
1	0.125
2	0.250
3	0.375
4	0.500
5	0.625
6	0.750
7	0.875
8	1.00
9	1.125
10	1.250
11	1.375
12	1.500
13	1.625
14	1.750
15	1.875
16	2.000
17	2.125
18	2.250
19	2.375
20	2.500
21	2.625
22	2.750
23	2.875
24	3.000

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