

Physician Use

Subtotal from page 1

÷

of answered groups

=

HAQ Score

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)
Hygiene				
Are you able to:				
- Wash and dry your body?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- Take a tub bath?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- Get on and off the toilet?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reach				
Are you able to:				
- Reach and get down a 5-pound object (a bag of sugar) from just above your head?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- Bend down to pick up clothing from the floor?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Grip				
Are you able to:				
- Open car doors?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- Open jars that have been previously opened?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- Turn faucets on and off?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Activities				
Are you able to:				
- Run errands and shop?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- Get in and out of a car?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- Do chores such as vacuuming or yardwork?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

- | | | |
|---|---|---|
| <input type="checkbox"/> Raised toilet seat | <input type="checkbox"/> Bathtub bar | <input type="checkbox"/> Other (specify): _____ |
| <input type="checkbox"/> Bathtub seat | <input type="checkbox"/> Long-handled appliances for reach | |
| <input type="checkbox"/> Jar opener | <input type="checkbox"/> Long-handled appliances in bathroom (for jars previously opened) | |

Place an "X" in 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:

No Pain		Severe Pain
0		100

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