Health Assessment Questionnaire

STANFORD UNIVERSITY SCHOOL OF MEDICINE, DIVISION OF IMMUNOLOGY AND RHEUMATOLOGY

Name____Date__________

This questionnaire is designed to help us assess how your illness affects your ability to function in daily life. Please feel free to add any additional comments on the back of this page.

Please mark "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)
DRESSING AND GROOMING				
Are you able to: –Dress yourself, including tying shoelaces and doing buttons?	○	○	○	○
–Shampoo your hair?	○	○	○	○
ARISING				
Are you able to: –Stand up from a straight chair?	○	○	○	○
–Get in and out of bed?	○	○	○	○
EATING				
Are you able to: –Cut your meat?	○	○	○	○
–Lift a full cup or glass to your mouth?	○	○	○	○
–Open a new milk carton?	○	○	○	○
WALKING				
Are you able to: –Walk outdoors on flat ground?	○	○	○	○
–Climb up five steps?	○	○	○	○

Please mark "x" in any AIDS or DEVICES that you usually use for any of these activities:

- ○ Cane
- ○ Walker
- ○ Crutches
- ○ Wheelchair
- ○ Devices used for dressing (button hook, zipper pull, long shoe horn, etc.)
- ○ Built-up or special utensils
- ○ Special or built-up chair
- ○ Other (Specify): ____________

Please mark "x" in any categories for which you usually need HELP FROM ANOTHER PERSON:

○ Dressing and grooming ○ Arising ○ Eating ○ Walking

Continued on other side

NAME:

Please mark "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?	○	○	○	○
–Take a tub bath?	○	○	○	○
–Get on and off the toilet?	○	○	○	○
REACH				
Are you able to: –Reach and get down a 5-pound object (such as a bag of sugar) from just above your head?	○	○	○	○
–Bend down to pick up clothing from the floor?	○	○	○	○
GRIP				
Are you able to: –Open car doors?	○	○	○	○
–Open jars which have been previously opened?	○	○	○	○
–Turn faucets on and off?	○	○	○	○
ACTIVITIES				
Are you able to: –Run errands and shop?	○	○	○	○
–Get in and out of a car?	○	○	○	○
–Do chores such as vacuuming or yardwork?	○	○	○	○

Please mark "x" in any AIDS OR DEVICES that you usually use for any of these activities:

○ Raised toilet seat
○ Bathtub seat
○ Jar opener (for jars previously opened)
○ Bathtub bar
○ Long-handled appliances for reach
○ Long-handled appliances in bathroom
○ Other (Specify): ______________

Please mark "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 THE PAIN

Abbott Immunology™