

# HAQ-II (Health Assessment Questionnaire-II)

We are interested in learning how your illness affects your ability to function in daily life. Place an X in the box which best describes your usual abilities **OVER THE PAST WEEK**. *Are you able to:*

	Without any difficulty (0)	With some difficulty (1)	With much difficulty (2)	Unable (3)
Get on and off the toilet?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Open car doors?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Stand up from a straight chair?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Walk outdoors on flat ground?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Wait in a line for 15 minutes?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reach and get down a 5-pound object (such as a bag of sugar) from just above your head?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Go up 2 or more flights of stairs?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do outside work (such as yard work)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lift heavy objects?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Move heavy objects?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

How much **PAIN** have you had because of your illness in the **PAST WEEK**?

No Pain  (0)  (1)  (2)  (3)  (4)  (5)  (6)  (7)  (8)  (9)  (10) Very Severe Pain

How much of a **PROBLEM** has **UNUSUAL FATIGUE or TIREDNESS** been for you **OVER THE PAST WEEK**?

Fatigue is no Problem  (0)  (1)  (2)  (3)  (4)  (5)  (6)  (7)  (8)  (9)  (10) Fatigue is a Severe Problem

How much of a **PROBLEM** has **SLEEPING** been for you **OVER THE PAST WEEK**?

Sleep is no problem  (0)  (1)  (2)  (3)  (4)  (5)  (6)  (7)  (8)  (9)  (10) Sleep is a Severe Problem

How **ACTIVE** has your **ARTHRITIS** been in the **LAST 24 HOURS**?

Not Active  (0)  (1)  (2)  (3)  (4)  (5)  (6)  (7)  (8)  (9)  (10) Very Active

When you get up in the **MORNING** do you feel **STIFF**?  YES  NO

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?