

HEALTH ASSESSMENT QUESTIONNAIRE (HAQ)[†]

DISABILITY INDEX WITH PAIN AND FATIGUE SCALES

PATIENT'S INITIALS

DATE OF BIRTH (DD/MM/YY)

TODAY'S DATE (DD/MM/YY)

In this section, we are interested in learning how your psoriatic arthritis (PsA) affects your ability to function in daily life. Please feel free to add any comments.

Please check the response which best describes your usual abilities OVER THE PAST WEEK:

	Without ANY difficulty	With SOME difficulty	With MUCH difficulty	UNABLE to do
DRESSING & GROOMING				
Are you able to:				
■ Dress yourself, including tying shoelaces and doing up buttons?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
■ Shampoo your hair?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ARISING				
Are you able to:				
■ Stand up from a chair without armrests?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
■ Get in and out of bed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
EATING				
Are you able to:				
■ Cut your meat?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
■ Lift a full cup or glass to your mouth?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
■ Open a new milk carton?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
WALKING				
Are you able to:				
■ Walk outdoors on flat ground?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
■ Climb up five steps?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please check any AIDS OR DEVICES that you usually use for any of the activities mentioned above:

<input type="checkbox"/> Cane	<input type="checkbox"/> Devices used for dressing (button hook, zipper pull, long-handled shoe horn, etc.)
<input type="checkbox"/> Walker	<input type="checkbox"/> Specially adapted utensils (such as for eating, cooking)
<input type="checkbox"/> Crutches	<input type="checkbox"/> Specially adapted chair
<input type="checkbox"/> Wheelchair	<input type="checkbox"/> Other (specify): _____

Please check any categories for which you usually need HELP FROM ANOTHER PERSON:

<input type="checkbox"/> Dressing and grooming	<input type="checkbox"/> Eating
<input type="checkbox"/> Arising	<input type="checkbox"/> Walking

[†]© Stanford University (with exception of fatigue scale).

Please also complete reverse side.

Please check the response which best describes your usual abilities OVER THE PAST WEEK:

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

Are you able to:

- Wash and dry your body?
- Take a bath?
- Get on and off the toilet?

REACH

Are you able to:

- Reach and get down a 2.5-kg 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 water faucets/taps 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 yard work?

Please check any AIDS OR DEVICES that you usually use for any of the activities mentioned above:

- Raised toilet seat
- Bathtub seat
- Jar opener (for jars previously opened)
- Other (specify): _____
- Bathtub bar
- Long-handled appliances for reach
- Long-handled appliances in bathroom (such as a brush for washing yourself)

Please check any categories for which you usually need HELP FROM ANOTHER PERSON:

- Hygiene
- Reach
- Gripping and opening things
- Errands and chores

We are interested in learning whether or not you are affected by pain because of your PsA.

How much pain have you had because of your illness IN THE PAST WEEK:



We are also interested in learning whether or not you are affected by fatigue.

How much fatigue have you had IN THE PAST WEEK:



Considering all the ways your arthritis affects you:

