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HAQ-II

Health Assessment Questionnaire-II

Name ______________________

DOB
(YYYY/MM/DD)

Today's Date:

We are interested in learning how your injury 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:*

Part 1

	Without any difficulty (0)	With some difficulty (1)	With much difficulty (2)	Unable (3)
1) Get on and off the toilet?	☐	☐	☐	☐
2) Open car doors?	☐	☐	☐	☐
3) Stand up from a straight chair?	☐	☐	☐	☐
4) Walk outdoors on flat ground?	☐	☐	☐	☐
5) Wait in a line for 15 minutes?	☐	☐	☐	☐
6) Reach and get down a 5 pound object (such as a bag of sugar) from just above your head?	☐	☐	☐	☐
7) Go up 2 or more flights of stairs?	☐	☐	☐	☐
8) Do outside work (such as yard work)?	☐	☐	☐	☐
9) Lift heavy objects?	☐	☐	☐	☐
10) Move heavy objects?	☐	☐	☐	☐
Totals	_____	_____	_____	_____

Score: add score from Part 1 (0 to 3) then divide by 10: Raw Score: _____/30, Dividede by 10: _____/10 Staff initials ________

Part 2. (Not scored, for comparison only.)

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

No Pain ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ **Very Severe Pain**
0 1 2 3 4 5 6 7 8 9 10

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

Fatigue is no Problem ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ **Fatigue is a severe Problem**
0 1 2 3 4 5 6 7 8 9 10

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

Sleep is no Problem ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ **Sleep is a severe Problem**
0 1 2 3 4 5 6 7 8 9 10

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

Not Active ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ **Very Active**
0 1 2 3 4 5 6 7 8 9 10

15) When you get up in the MORNING do you feel STIFF? ◯ YES ◯ NO

16) If you answered YES, how long is it until you are as limber as you will be for the day? Hours ☐ or Minutes ☐