

How does your rheumatoid arthritis (RA) affect your ability to engage in everyday activities?

Health Assessment Questionnaire – Disability Index*

Stanford University School of Medicine, Division of Immunology & Rheumatology



Fill out this simple form to assess how RA may be affecting your daily life, and share the answers with your rheumatologist. He or she may find the information useful when evaluating your condition and discussing treatment options.

Patient's Name

Date

THIS COLUMN FOR
PHYSICIAN USE ONLY

Please check 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 & GROOMING—are you able to:				
Dress yourself, including shoelaces and 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 straight chair?	<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"/>
HYGIENE—are you able to:				
Wash and dry your body?	<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 (such as a bag of sugar) from 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 previously opened jars?	<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 yard work?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Highest score

TOTAL

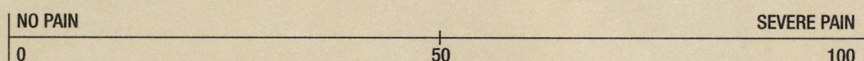
÷ Number of answered groups

TOTAL HAQ Disability Index Score

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

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

Pain Score



To learn more about RA, visit RAdaily.com.

*The Health Assessment Questionnaire (HAQ) Disability Index measures disability with the use of aids and devices. It is scored on a scale of 0 to 3 units. A score of 0 indicates the lack of any measurable degree of disability, whereas a score of 3 means that a patient is unable to perform all activities.