Affix Label Here

Please try to answer each question, even if you do not think it is related to you at this time. There are no right or wrong answers. Please answer exactly as you think or feel. Thank-you.

1. Please check (✓) the ONE best answer for your abilities <u>OVER THE PAST WEEK</u>:

<u>OVER THE PAST WEEK</u> **Were you able to:**	Without **ANY** Difficulty	With **SOME** Difficulty	With **MUCH** Difficulty	**UNABLE** To Do
DRESSING & GROOMING				
a. Dress yourself, including tying shoelaces and doing buttons?	❑	❑	❑	❑
b. Shampoo your hair?	❑	❑	❑	❑
ARISING				
c. Stand up from an armless chair?	❑	❑	❑	❑
d. Get in and out of bed?	❑	❑	❑	❑
EATING				
e. Cut your meat?	❑	❑	❑	❑
f. Lift a full cup or glass to your mouth?	❑	❑	❑	❑
g. Open a new milk carton?	❑	❑	❑	❑
WALKING				
h. Walk outdoors on flat ground?	❑	❑	❑	❑
i. Climb up five steps?	❑	❑	❑	❑

Please check any **AIDS OR DEVICES** that you usually use for any of these activities:

❑ Cane
❑ Walker
❑ Crutches
❑ Wheelchair
❑ Devices used for dressing (button hook, zipper puller, etc)
❑ Built-up or special utensils
❑ Special or built up chair
❑ Other (specify):_____

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

❑ Dressing and Grooming
❑ Arising
❑ Eating
❑ Walking

HYGIENE				
j. Wash and dry your entire body?	❑	❑	❑	❑
k. Take a tub bath?	❑	❑	❑	❑
l. Get on and off the toilet?	❑	❑	❑	❑
REACH				
m. Reach and get a 5-lb object (such as a bag of n. sugar) from just above your head?	❑	❑	❑	❑
o. Bend down and pick up clothing from the floor?	❑	❑	❑	❑
GRIP				
p. Open car doors?	❑	❑	❑	❑
q. Open jars which have been previously opened?	❑	❑	❑	❑
r. Turn faucets on and off?	❑	❑	❑	❑
ACTIVITIES				
s. Run errands and shop?	❑	❑	❑	❑
t. Get in and out of a car?	❑	❑	❑	❑
u. Do chores such as vacuuming, yard work?	❑	❑	❑	❑

Please Turn Over ↳

Please check any **AIDS OR DEVICES** that you usually use for any of these activities:

❑ Raised toilet seat
❑ Bathtub seat
❑ Jar opener
❑ Other (Specify):_____
❑ Long-handled appliances for reach
❑ Long-handled appliances in bathroom
❑ Bathtub bar

Please check any categories for which you **NEED HELP FROM ANOTHER PERSON**

❑ Hygience
❑ Reach
❑ Gripping and opening things
❑ Errands and chores

2. How much PAIN have you had because of your illness in the PAST WEEK? Please indicate on the scale below how severe your pain has been:

NO PAIN ——————————— VERY SEVERE PAIN

3. How much of a problem has UNUSUAL fatigue or tiredness been for you OVER THE PAST WEEK? Place a mark on the line below

FATIGUE IS NO PROBLEM ——————————— FATIGUE IS A MAJOR PROBLEM

4. How much of a problem has sleeping been for you OVER THE PAST WEEK? Place a mark on the line below

SLEEP IS NO PROBLEM ——————————— SLEEP IS A MAJOR PROBLEM

5. Considering all the ways in which illness and health conditions may affect you at this time, please make a mark on the line below to show how you are doing:

VERY WELL ——————————— VERY POORLY

6. When you get up in the morning do you feel stiff? ❑ YES ❑ NO

If you answer NO please go to item number 7.
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?

7. How do you feel today compared to ONE MONTH AGO? Please check only one:

❑ MUCH BETTER(1) ❑ BETTER(2) ❑THE SAME(3) ❑WORSE(4) ❑MUCH WORSE(5)

For office use only

HAQ	PN	FT	SL	GL	AM	CH

1=0.125 2=0.25 3=0.375 4=0.5 5=0.625 6=0.75 7=0.875 8=1.0 9=1.125 10=1.25 11=1.375 12=1.5 13=1.625 14=1.75 15=1.875 16=2.0 17=2.125 18=2.25 19=2.375 20=2.5 21=2.625 22=2.75 23=2.875 24=3.0

0-0.5 Mild ➔**0.5-1.0** Mild-Mod ➔**1.0-1.5** Mod ➔**1.5-2.0** Mod-Sev ➔ **2.0-3.0** Sev