

FOR TRAINING USE ONLY

	Without ANY difficulty	With SOME difficulty	With MUCH difficulty	UNABLE to do
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1. DRESSING and GROOMING

Are you able to:

- | | | | | |
|---|--------------------------|--------------------------|--------------------------|--------------------------|
| a. Dress yourself, including tying shoelaces and doing buttons? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Shampoo your hair? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

2. RISING

Are you able to:

- | | | | | |
|---|--------------------------|--------------------------|--------------------------|--------------------------|
| a. Stand up from an armless straight chair? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Get in and out of bed? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

3. EATING

Are you able to:

- | | | | | |
|--|--------------------------|--------------------------|--------------------------|--------------------------|
| a. Cut your meat? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Lift a full cup or glass to your mouth? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Open a new carton of milk (or soap powder)? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

4. WALKING

Are you able to:

- | | | | | |
|----------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| a. Walk outdoors on flat ground? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Climb up five steps? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

PLEASE TICK ANY AIDS OR DEVICES THAT YOU USUALLY USE FOR ANY OF THESE ACTIVITIES:

Cane (W) <input type="checkbox"/>	Walking frame(W) <input type="checkbox"/>	Built-up or special utensils (E) <input type="checkbox"/>
Crutches (W) <input type="checkbox"/>	Wheelchair (W) <input type="checkbox"/>	Special or built-up chair (A) <input type="checkbox"/>

Devices used for dressing (button hooks, zipper pull, shoe horn) ☐

Other (specify).....

PLEASE TICK ANY CATEGORIES FOR WHICH YOU USUALLY NEED HELP FROM ANOTHER PERSON:

Dressing and Grooming	<input type="checkbox"/>	Eating	<input type="checkbox"/>
Rising	<input type="checkbox"/>	Walking	<input type="checkbox"/>

HEALTH ASSESSMENT QUESTIONNAIRE (HAQ)

Please tick the one response which best describes your usual abilities over the past week

	Without ANY difficulty	With SOME difficulty	With MUCH difficulty	UNABLE to do
5. HYGIENE				
Are you able to:				
a. Wash and dry your entire body?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Take a bath?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Get on and off the toilet?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

6. REACH				
Are you able to:				
a. Reach and get down a 5 lb object (e.g. a bag of potatoes) from just above your head?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Bend down to pick up clothing off the floor?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

7. GRIP				
Are you able to:				
a. Open car doors?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Open jars which have been previously opened?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Turn taps on and off?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

8. ACTIVITIES				
Are you able to:				
a. Run errands and shop?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Get in and out of a car?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Do chores such as vacuuming, housework or light gardening?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

PLEASE TICK ANY AIDS OR DEVICES THAT YOU USUALLY USE FOR ANY OF THESE ACTIVITIES:

Raised toilet seat (H)	<input type="checkbox"/>	Bath seat (H)	<input type="checkbox"/>	Bath rail (H)	<input type="checkbox"/>
Long handled appliances for reach (R)	<input type="checkbox"/>				
Jar opener (for jars previously opened) (G)	<input type="checkbox"/>				

Other (specify) _____

PLEASE TICK ANY CATEGORIES FOR WHICH YOU USUALLY NEED HELP FROM ANOTHER PERSON:

Hygiene	<input type="checkbox"/>	Gripping and opening things	<input type="checkbox"/>
Reach	<input type="checkbox"/>	Errands and housework	<input type="checkbox"/>