

HEALTH ASSESSMENT QUESTIONNAIRE (MODIFIED – CRD PUNE VERSION)

NAME: _____ AGE: _____ SEX: _____ DATE: _____ We are interested in learning how your illness affects your ability to function in daily life. Please feel free to add any comments on the back of this page. Please check the response which best describes your usual abilities OVER THE PAST WEEK.

ARE YOU ABLE TO:	Without Any Difficulty	With Some Difficulty	With Much Difficulty	Unable	SCORE
I: DRESSING					_____
1) Dress yourself, plus doing buttons ?	_____	_____	_____	_____	
2) Wash your hair ?	_____	_____	_____	_____	
3) Comb your hair ?	_____	_____	_____	_____	
II: ARISING					_____
4) Stand up straight from a chair ?	_____	_____	_____	_____	
5) Get in & out of bed ?	_____	_____	_____	_____	
6) Sit cross-legged on floor & get up ?	_____	_____	_____	_____	
III: EATING					_____
7) Cut vegetables ?	_____	_____	_____	_____	
8) Lift a full cup /glass to your mouth ?	_____	_____	_____	_____	
9) Break chappati with one hand ?	_____	_____	_____	_____	
IV: WALKING					_____
10) Walk outdoors on flat ground ?	_____	_____	_____	_____	
11) Climb up five steps ?	_____	_____	_____	_____	
V: HYGIENE					_____
12) Take a bath ?	_____	_____	_____	_____	
13) Wash & dry your body ?	_____	_____	_____	_____	
14) Get on & off the toilet ?	_____	_____	_____	_____	
<p>A) <input type="checkbox"/> Indian <input type="checkbox"/> Western <input type="checkbox"/> Field;</p> <p>B) <input type="checkbox"/> Can sit easily <input type="checkbox"/> Sit with support <input type="checkbox"/> Stand <input type="checkbox"/> Stand with support</p>					

HAQ CRD PUNE VERSION - CONTINUED

ARE YOU ABLE TO:	Without Any Difficulty	With Some Difficulty	With Much Difficulty	Unable	SCORE
VI: REACHING					_____
15) Reach & get down a 2 kg. object (such as bag of sugar) from just above your head ?	_____	_____	_____	_____	
16) Bend down to pick up clothing from the floor ?	_____	_____	_____	_____	
VII: GRIP					_____
17) Open a bottle previously opened ?	_____	_____	_____	_____	
18) Turn taps on and off ?	_____	_____	_____	_____	
19) Open door latches ?	_____	_____	_____	_____	
VIII: ACTIVITIES					_____
20) Work in office / house ?	_____	_____	_____	_____	
21) Run errands and shop ?	_____	_____	_____	_____	
22) Get in & out of a bus ?	_____	_____	_____	_____	
23) Get in & out of a car / Autorickshaw ?	_____	_____	_____	_____	
TOTAL SCORE					_____
Please check any AIDS or DEVICES that you usually use for any of these activities :					
<input type="checkbox"/> Cane <input type="checkbox"/> Walker <input type="checkbox"/> Crutches <input type="checkbox"/> Wheelchair <input type="checkbox"/> Special Built Up Chair <input type="checkbox"/> Raised Toilet Seat					
Categories for which you need HELP FROM ANOTHER PERSON :					
<input type="checkbox"/> Dressing & Grooming <input type="checkbox"/> Eating <input type="checkbox"/> Arising <input type="checkbox"/> Walking <input type="checkbox"/> Hygiene <input type="checkbox"/> Reach <input type="checkbox"/> Grip <input type="checkbox"/> Errands					

For scoring and other details contact us :

CENTER FOR RHEUMATIC DISEASES (CRD)

Hermes Doctor House, Hermes Elegance, Convent Street, Camp,
 Pune - 411 001, Maharashtra, India. Tel: 020-26348529, 26345624, 26344099