HAQ-II (Health Assessment Questionnaire-II)

We are interested in learning how your illness 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:*

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

1. 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)

2. How much of a **PROBLEM** has **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)

3. Considering **ALL THE WAYS** your **ARTHRITIS AFFECTS YOU**, **RATE HOW YOU ARE DOING** on the following scale.

Very Well ☐—☐—☐—☐—☐—☐—☐—☐—☐—☐—☐ Very Poor
(0) (1) (2) (3) (4) (5) (6) (7) (8) (9) (10)

4. When you get up in the **MORNING** do you feel **STIFF**? ☐ YES ☐ NO

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?

for office use only BP:	Weigh (kg):	Height (cm):

the arva clinic

Rheumatology Clinic Follow-Up Visit Form

NAME: _____

DOB: _____

DATE: _____

Please List any Prescription Medications You Are Taking:

☐ My medications have not changed since the last visit

1.	10.
2.	11.
3.	12.
4.	13.
5.	14.
6.	15.
7.	16.
8.	17.
9.	18.

SINCE YOUR LAST VISIT	Yes	No	Explain
INFECTION: Have you had an infection needing antibiotics or hospitalization?	☐	☐	
CARDIOVASCULAR: Have you had any new heart or lung problems?	☐	☐	
MEDICATIONS: Are you having any problems with your arthritis medications?	☐	☐	
NEW HEALTH PROBLEMS: Have you had any new health problems (Hospitalized, surgery etc)?	☐	☐	
NEW LIFE PROBLEMS: Have you had any New Life Problems (i.e. death, new job, relationships)?	☐	☐	
EYE EXAMINATION: If you are taking hydroxychloroquine, have you had your eyes examined recently?	☐	☐	
BONE HEALTH: Have you had a recent Bone Mineral Density Test? Are you taking Vitamin D?	☐	☐	
VACCINATION: Have you had the Shingles Vaccine?	☐	☐	
ANYTHING ELSE: Is there anything else you would like to discuss with the doctor?	☐	☐	

** IMPORTANT ** Please Turn Over -->