Gulf Coast Medical Center
NCQA Recognized Patient-Centered Medical Home

# Health Assessment Questionnaire – Disability Index (HAQ-DI)

**Please answer each question, even if you do not think it is related to you at this time.**
**Try to complete as much as you can yourself, but if you need help, please ask.**
**There are no right or wrong answers.**

| | Without ANY difficulty (0) | With SOME difficulty (1) | With MUCH difficulty (2) | Cannot do at all (3) |
|---|---|---|---|---|
| **Dressing & Grooming – are you able to:** | | | | |
| Dress yourself, including shoelaces and buttons? | [ ] | [ ] | [ ] | [ ] |
| Shampoo your hair and brush your teeth? | [ ] | [ ] | [ ] | [ ] |
| **Arising – are you able to:** | | | | |
| Stand up from a straight chair? | [ ] | [ ] | [ ] | [ ] |
| Get in and out of bed? | [ ] | [ ] | [ ] | [ ] |
| **Eating – are you able to:** | | | | |
| Cut your meat? | [ ] | [ ] | [ ] | [ ] |
| Lift a full cup or glass to your mouth with one hand? | [ ] | [ ] | [ ] | [ ] |
| Open a new milk carton? | [ ] | [ ] | [ ] | [ ] |
| **Walking – are you able to:** | | | | |
| Walk outdoors on flat ground? | [ ] | [ ] | [ ] | [ ] |
| Climb up five steps? | [ ] | [ ] | [ ] | [ ] |
| **Hygiene – are you able to:** | | | | |
| Wash and dry your body? | [ ] | [ ] | [ ] | [ ] |
| Get on and off your toilet? | [ ] | [ ] | [ ] | [ ] |
| **Reach – are you able to:** | | | | |
| Reach and get down a 5 pound object from above your head? | [ ] | [ ] | [ ] | [ ] |
| Bend down to pick up clothing from the floor? | [ ] | [ ] | [ ] | [ ] |
| **Grip – are you able to:** | | | | |
| Open car doors? | [ ] | [ ] | [ ] | [ ] |
| Open previously opened jars? | [ ] | [ ] | [ ] | [ ] |
| Turn faucets on and off? | [ ] | [ ] | [ ] | [ ] |
| **Activities – are you able to:** | | | | |
| Run errands and shop? | [ ] | [ ] | [ ] | [ ] |
| Get in and out of the car? | [ ] | [ ] | [ ] | [ ] |
| Do chores such as vacuuming, dishes or yard work? | [ ] | [ ] | [ ] | [ ] |

**How much pain have you had because of your Rheumatoid Arthritis over the past week?**

| NO PAIN | 0 | 5 | 10 | 15 | 20 | 25 | 30 | 35 | 40 | 45 | 50 | 55 | 60 | 65 | 70 | 75 | 80 | 85 | 90 | 95 | 100 | SEVERE PAIN |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | O | O | O | O | O | O | O | O | O | O | O | O | O | O | O | O | O | O | O | O | O | |


Copyright 2016 Gulf Coast Medical Center