BRITISH COLUMBIA | Ministry of Health

HEALTH ASSESSMENT QUESTIONNAIRE (HAQ)

Name	PHN	Date (yyyy / mm / dd)

1. For each category, please check the **one** response that best describes your abilities over the **past week**.

Dressing and Grooming	**NO DIFFICULTY**	**SOME DIFFICULTY**	**MUCH DIFFICULTY**	**UNABLE TO DO**
Dress yourself, including tying shoelaces and doing buttons	☐	☐	☐	☐
Shampoo your hair	☐	☐	☐	☐
Rising				
Stand up from an armless chair	☐	☐	☐	☐
Get in and out of bed	☐	☐	☐	☐
Eating				
Cut your meat	☐	☐	☐	☐
Lift a full cup or glass to your mouth	☐	☐	☐	☐
Open a new carton of milk	☐	☐	☐	☐
Walking				
Walk outdoors on flat ground	☐	☐	☐	☐
Climb up five stairs	☐	☐	☐	☐
Hygiene				
Wash and dry your entire body	☐	☐	☐	☐
Take a bath	☐	☐	☐	☐
Get on and off the toilet	☐	☐	☐	☐
Reach				
Reach and get down a 5 lb object (for example, a bag of sugar from just above your head)	☐	☐	☐	☐
Bend down to pick up clothing from the floor	☐	☐	☐	☐
Grip				
Open car doors	☐	☐	☐	☐
Open jars which have been previously opened	☐	☐	☐	☐
Turn taps on and off	☐	☐	☐	☐
Activities				
Run errands and shop	☐	☐	☐	☐
Get in and out of a car	☐	☐	☐	☐
Do chores such as vacuuming, housework or light gardening	☐	☐	☐	☐

Name	PHN

2. Do you **usually** (more than 50% of the time) use the following aids or devices for any of the activities listed on page 1? *Check all that apply.*
   - ☐ Canes
   - ☐ Walker
   - ☐ Crutches
   - ☐ Wheelchair/scooter
   - ☐ Raised toilet seat
   - ☐ Bath seat
   - ☐ Jar opener (for jars previously opened)
   - ☐ Special or built-up utensils
   - ☐ Special or built-up chair
   - ☐ Bath rail
   - ☐ Long-handled applicance for reach
   - ☐ Other (specify) ______________________

3. Do you **usually** (more than 50% of the time) need help from another person for any of the following? *Check all that apply.*
   - ☐ Errands and housework
   - ☐ Reaching
   - ☐ Dressing and grooming
   - ☐ Gripping and opening things
   - ☐ Eating
   - ☐ Walking
   - ☐ Rising
   - ☐ Hygiene

4. Please circle the number, from 0 to 10, which indicates how much pain you have had in the **past week because of your arthritis**, with 0 being “no pain” and 10 being “pain as bad as it could be”.

   PAIN SCALE RATING: **0 1 2 3 4 5 6 7 8 9 10**

PATIENT CONSENT

Personal information on this form is collected for the operations of the Ministry of Health. The Ministry will use the information in the decision to provide PharmaCare benefits for the medication requested, and for implementation, monitoring and evaluation of this and other Ministry programs, and for the management and planning of the health system generally. Personal information will be used and disclosed in accordance with the privacy provisions of the *Freedom of Information and Protection of Privacy Act*. If you have any questions about the collection of this information, call Health Insurance BC at 1 604 683-7151 from Vancouver or, from elsewhere in BC, toll-free at 1 800 663-7100, and ask to consult a pharmacist concerning the Special Authority process.

I authorize the prescriber to release to PharmaCare and in the Ministry of Health the information contained in this form and any other related information in the prescriber’s custody as required for adjudication, monitoring and evaluation.

______________________ Patient’s Signature

______________________ Date