



# Stanford HAQ 20-Item Disability Scale

Please check (✓) the **one** best answer for your abilities over the **past week**.

<b>At this moment</b> , are you able to:	<b>Without ANY difficulty</b>	<b>With SOME difficulty</b>	<b>With MUCH difficulty</b>	<b>UNABLE to do</b>
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### DRESSING & GROOMING

- |   |                          |                          |                          |                          |
|---|--------------------------|--------------------------|--------------------------|--------------------------|
| 1. Dress yourself, including shoelaces and buttons? . | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Shampoo your hair? .....                           | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

### ARISING

- |  |                          |                          |                          |                          |
|--|--------------------------|--------------------------|--------------------------|--------------------------|
| 3. Stand up from an armless straight chair?..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Get in and out of bed? .....                  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

### EATING

- |   |                          |                          |                          |                          |
|---|--------------------------|--------------------------|--------------------------|--------------------------|
| 5. Cut your meat? .....                         | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Lift a full cup or glass to your mouth?..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Open a new milk carton? .....                | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

### WALKING

- |  |                          |                          |                          |                          |
|--|--------------------------|--------------------------|--------------------------|--------------------------|
| 8. Walk outdoors on flat ground? ..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. Climb up five steps? .....          | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

**Please check any AIDS OR DEVICES that you usually use for any of the above activities:**

- |  |   |                                     |
|--|---|-------------------------------------|
| <input type="checkbox"/> Devices used for dressing<br>(button hook, zipper pull, etc.) | <input type="checkbox"/> Built up or special utensils | <input type="checkbox"/> Crutches   |
| <input type="checkbox"/> Special or built up chair                                     | <input type="checkbox"/> Cane                         | <input type="checkbox"/> Wheelchair |
|  | <input type="checkbox"/> Walker                       |                                     |

**Please check any categories for which you usually need HELP FROM ANOTHER PERSON:**

- |  |                                  |
|--|----------------------------------|
| <input type="checkbox"/> Dressing and grooming | <input type="checkbox"/> Arising |
| <input type="checkbox"/> Eating                | <input type="checkbox"/> Walking |

Please check (✓) the **one** best answer for your abilities over the **past week**.

**At this moment**, are you able to:

	Without <b>ANY</b> difficulty	With <b>SOME</b> difficulty	With <b>MUCH</b> difficulty	<b>UNABLE</b> to do
--	-------------------------------------	-----------------------------------	-----------------------------------	------------------------

**HYGIENE**

- |                                      |                          |                          |                          |                          |
|--------------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| 10. Wash and dry your body? .....    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 11. Take a tub bath .....            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 12. Get on and off the toilet? ..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

**REACH**

- |   |                          |                          |                          |                          |
|---|--------------------------|--------------------------|--------------------------|--------------------------|
| 13. Reach and get down a 5-pound object (such as a bag of sugar) from just above your head? ..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 14. Bend down to pick up clothing from the floor? .....   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

**GRIP**

- |  |                          |                          |                          |                          |
|--|--------------------------|--------------------------|--------------------------|--------------------------|
| 15. Open car doors? .....              | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 16. Open previously opened jars? ..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 17. Turn faucets on and off? .....     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

**ACTIVITIES**

- |   |                          |                          |                          |                          |
|---|--------------------------|--------------------------|--------------------------|--------------------------|
| 18. Run errands and shop? .....                     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 19. Get in and out of a car? .....                  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 20. Do chores such as vacuuming or yard work? ..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

**Please check any AIDS OR DEVICES that you usually use for any of the above activities:**

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Raised toilet seat | <input type="checkbox"/> Bathtub bar                             | <input type="checkbox"/> Long-handled appliances for reach       |
| <input type="checkbox"/> Bathtub seat       | <input type="checkbox"/> Long-handled appliances in the bathroom | <input type="checkbox"/> Jar opener (for jars previously opened) |

**Please check any categories for which you usually need HELP FROM ANOTHER PERSON:**

- |                                  |  |
|----------------------------------|--|
| <input type="checkbox"/> Hygiene | <input type="checkbox"/> Gripping and opening things |
| <input type="checkbox"/> Reach   | <input type="checkbox"/> Errands and chores          |

## Scoring

Score the number circled for each item. If more than one consecutive number is circled for one item, code the higher number (more difficulty). If responses are not consecutive, code as blank.

There are eight categories; first score within each category:

- Dressing and Grooming, includes items 1 and 2
- Arising, includes items 3 and 4
- Eating, includes items 5, 6 and 7
- Walking, includes items 8 and 9
- Hygiene, includes items 10, 11, and 12
- Reach, includes items 13 and 14
- Grip, includes items 15, 16 and 17
- Activities, includes items 18, 19, and 20

Each of the items has a companion aids-devices variable that is used to record what type(s) of assistance, if any, the subject uses for his/her usual activities. These variables are coded as follows:

- 0 = No assistance is needed
- 1 = A special device is used by the subject in his/her usual activities
- 2 = The subject usually needs help from another person
- 3 = The subject usually needs BOTH a special device AND help from another person

Assignment of devices to particular disability categories assumes that the devices are used only for the purpose for which they are designed. For example, if an individual indicates that he/she uses a cane, it is presumed that they use the cane as an aid in walking. However, it is possible for that patient to use that cane as an aid in performing other activities. For example, the patient may check off the cane listed at the bottom of the page 1 (or write "cane" under the "other" slot) and then write a note in the margin stating that the cane is also used on a regular basis as an aid in helping them rise out of a chair and to rise off of the toilet. In such a case, the variables should be coded as "1" to reflect the patient's use of a cane in these three areas of daily functioning. Devices written in the "Other" sections or notes written next to any component questions are considered if they would be used for any of the stated categories. Permanent adaptations of the person's environment (e.g., changing faucets in the bathroom or kitchen, using Velcro closures on clothing) should also be counted as aids and devices.

The score for each category is the single response within the category with the highest score (greatest difficulty). For example, in the "Eating" category, there are two answers (one for each item). If "Cut your food with a knife or fork" is marked as "3" and "Lift a full cup or glass to your mouth" is marked as "0", then the score for the "Eating" category would be "3" (the response indicating the greatest difficulty within the category). If a component question is left blank or the response is too ambiguous to assign a score, then the score that that category is determined by the remaining completed question(s). However, if any "aids or devices" and/or "help from another person" items at the bottom of each page are checked, the category to which they apply is adjusted upward to "2". If the basic score is already "2" or "3", the score remains unchanged. "Aids or devices" and "help from another person" can only change a category's score to "2"; they do not change the score to a "1" or a "3".

The score for the disability index is the mean of the eight category scores. If more than two of the categories, or 25%, are missing, do not score the scale. If fewer than 2 of the categories is missing, divide the sum of the categories by the number of answered categories. Alternately, you can score the index without using the aids and devices questions (leaving the aids and devices off the questionnaire). The higher score indicates greater disability.

## Characteristics

Tested on 1,079 subjects with arthritis.

No. of items	Observed Range	Mean	Standard Deviation	Internal Consistency Reliability	Test-Retest Reliability
20	0-3	1.06	0.753		

## Source of Psychometric Data

Stanford ARAMIS/Arthritis Self-Management Study. Psychometrics unpublished.

## Comments

This is the Stanford Health Assessment Questionnaire disability scale. It should be noted that the items have been chosen as they represent use of every major joint in the body. While closely related to an ADL scale this is not an ADL scale but rather a disability scale. The Disability Index is sensitive to change and is a good predictor of future disability and costs. Test-retest correlations have ranged from 0.87 to 0.99. Correlations between interview and questionnaire format have ranged from 0.85 to 0.95. Validity has been demonstrated in literally hundreds of studies. There is consensus that the HAQ Disability Index possesses face and content validity. Correlations between questionnaire or interview scores and task performance have ranged from 0.71 to 0.95 demonstrating criterion validity. The construct/convergent validity, predictive validity and sensitivity to change have also been established in numerous observational studies and clinical trials. The HAQ Disability Index has also demonstrated a high level of convergent validity based on the pattern of correlations with other clinical and laboratory measures.

We use the 8-item scale in our studies now, as it is less burdensome for our participants. Reprinted with permission. This scale available in Spanish.

## References

Fries JF, Spitz P, Kraines RG, & Holman HR, Measurement of patient Outcomes in arthritis. *Arthritis and Rheumatism*, 23, 1980, pp.137-145.

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