IMACS FORM 05a: THE STANFORD HEALTH ASSESSMENT QUESTIONNAIRE

Subject's IMACS number_____
Person Completing: ___Patient ___Other: Relationship_____
Date of assessment (mm/dd/yy)_____ Assessment number_____

In HAQ Disability Index, 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:

	Without ANY difficulty[0]	With SOME difficulty[1]	With MUCH difficulty[2]	UNABLE to do[3]
DRESSING & GROOMING				
Are you able to:				
-Dress yourself, including tying shoelaces, and doing buttons?	☐	☐	☐	☐
-Shampoo your hair?	☐	☐	☐	☐
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?	☐	☐	☐	☐
-Open a milk carton?	☐	☐	☐	☐
WALKING				
Are you able to:				
-Walk outdoors on flat ground?	☐	☐	☐	☐
-Climb up five steps?	☐	☐	☐	☐

Please check any AIDS OR DEVICES that you usually use for any if these activities:

☐ Cane
☐ Walker
☐ Crutches
☐ Wheelchair
☐ Devices used for dressing (button hook, zipper pull, shoe horn, etc.)
☐ Special or built up utensils
☐ Special or built up chair
☐ Other (specify:_____)

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

☐ Dressing and Grooming
☐ Arising
☐ Eating
☐ Walking

Subject's IMACS number_____Person Completing: Patient ☐ Other
Date of assessment (mm/dd/yy)_____Assessment number_____

Please check the response which best describes your usual abilities OVER THE PAST WEEK:

	Without ANY difficulty[0]	With SOME difficulty[1]	With MUCH difficulty[2]	UNABLE to do[3]
HYGENE				
Are you able to:				
-Wash and dry your body?	☐	☐	☐	☐
-Take a tub bath	☐	☐	☐	☐
-Get on and off the toilet	☐	☐	☐	☐
REACH				
Are you able to:				
-Reach and get down a 5-pound object (such as a bag of sugar) from just above your head?	☐	☐	☐	☐
-Bend down to pick up clothing from floor?	☐	☐	☐	☐
GRIP				
Are you able to:				
-Open car doors?	☐	☐	☐	☐
-Open jars which have been previously opened?	☐	☐	☐	☐
-Turn faucets on and off?	☐	☐	☐	☐
ACTIVITIES				
Are you able to:				
-Run errands and shop?	☐	☐	☐	☐
-Get in and out of a car?	☐	☐	☐	☐
-Do chores such as vacuuming or yardwork?	☐	☐	☐	☐

Please check any AIDS or DEVICES that you usually use for any activities:

☐ Raised toilet seat
☐ Bathtub bar
☐ Bathtub seat
☐ Long-handled appliances for reach
☐ Jar opener (for jars previously opened)
☐ Long-handled appliances in bathroom
☐ Other (specify_____)

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

☐ Hygiene
☐ Gripping and opening things
☐ Reach
☐ Errands and chores

We are also interested in learning whether or not you are affected by pain because of your illness.

How much pain have you had because of your illness IN THE PAST WEEK:

PLACE A <u>VERTICAL</u> (|) MARK ON THE LINE TO INDICATE THE SEVERITY OF PAIN

NO PAIN	SEVERE PAIN
0	100

Considering all the way that your Myositis affects you, rate how you are doing on the following scale by placing a vertical mark on the line.:

Very Well	Very Poor
0	100

Modified from: Bruce B, Fries JF. The Stanford Health Assessment Questionnaire: dimensions and practical applications. Health Qual Life Outcomes. 2003 Jun 9;1:20. doi: 10.1186/1477-7525-1-20. PMID: 12831398; PMCID: PMC165587. PubMed