

# FRIES HEALTH ASSESSMENT QUESTIONNAIRE\*

In this section we are interested in learning how your illness affects your ability to function in daily life.

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

Without ANY Difficulty      With SOME Difficulty      With MUCH Difficulty      UNABLE To Do

## DRESSING & GROOMING

Are you able to:

A. Dress yourself, including tying shoelaces and doing buttons?                  

B. Shampoo your hair?                  

## ARISING

Are you able to:

C. Stand up from an armless straight chair?                  

D. Get in and out of bed?                  

## EATING

Are you able to:

E. Cut your meat?                  

F. Lift a full cup or glass to your mouth?                  

G. Open a new milk carton?                  

## WALKING

Are you able to:

H. Walk outdoors on flat ground?                  

I. Climb up five steps?                  

2. Please check any AIDS OR DEVICES that you usually use for any of these activities:

A.  Cane      B.  Walker      C.  Crutches      D.  Wheelchair

E.  Devices Used for Dressing (button hook, zipper pull, long-handled shoe horn, etc.)      F.  Built Up or Special Utensils

G.  Special or Built Up Chair

H.  Other (Specify: \_\_\_\_\_ )

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

A.  Dressing and Grooming      B.  Arising      C.  Eating      D.  Walking

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

Without ANY  
Difficulty

With SOME  
Difficulty

With MUCH  
Difficulty

UNABLE  
To Do

### HYGIENE

Are you able to:

- |                                   |                          |                          |                          |                          |
|-----------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| A. Wash and dry your entire body? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| B. Take a tub bath?               | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| C. Get on and off the toilet?     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

### REACH

Are you able to:

- |  |                          |                          |                          |                          |
|--|--------------------------|--------------------------|--------------------------|--------------------------|
| D. 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"/> |
| E. Bend down to pick up clothing from the floor?   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

### GRIP

Are you able:

- |   |                          |                          |                          |                          |
|---|--------------------------|--------------------------|--------------------------|--------------------------|
| F. Open car doors?                              | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| G. Open jars which have been previously opened? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| H. Turn faucets on and off?                     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

### ACTIVITIES

Are you able to:

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

5. Please check any AIDS OR DEVICES that you usually use for any of these activities:

- A.  Raised Toilet Seat      B.  Bathtub Seat      C.  Jar Opener (for jars previously opened)
- D.  Bathtub Bar      E.  Long-Handled Appliances for Reach
- F.  Long-Handled Appliances for Bathroom
- G.  Other (Specify: \_\_\_\_\_ )

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

- A.  Hygiene      B.  Reach      C.  Gripping and Opening Things
- D.  Errands and Chores

Figure 2  
**MODIFIED HEALTH ASSESSMENT  
 QUESTIONNAIRE\***

	Without ANY Difficulty	With SOME Difficulty	With MUCH Difficulty	UNABLE To Do
Are you able to:				
<b>DRESSING AND GROOMING</b>				
Dress yourself, including tying shoelaces and doing buttons?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>ARISING</b>				
Get in and out of bed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>EATING</b>				
Lift a full cup or glass to your mouth?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>WALKING</b>				
Walk outdoors on flat ground?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>HYGIENE</b>				
Wash and dry your entire body?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>REACH</b>				
Bend down to pick up clothing from the floor?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>GRIP</b>				
Turn faucets on and off?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>OTHER ACTIVITIES</b>				
Get in and out of a car?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

\*Pincus T, Summey JA, Soraci SA Jr., et al: Assessment of patient satisfaction in activities of daily living using a modified Stanford Health Assessment Questionnaire. ARTHRITIS RHEUM 26(11):1346-1353.