

Scleroderma health assessment questionnaire (SHAQ) including visual analogue scales (VAS)

MODIFIED HEALTH ASSESSMENT QUESTIONNAIRE

Assessed by the patient (tick one box only per question)

Ask the patient: "At this moment you are able to:"	Without any difficulty	With some difficulty	With much difficulty	Unable to do
1. Are you able to: Dress yourself, including tying shoelaces and doing buttons ?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Shampoo your hair ?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Are you able to: Stand up from an armless straight chair ?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Get in and out of bed ?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Are you able to: Cut your meat ?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lift a full cup or glass to your mouth ?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Open a new carton of milk ?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Are you able to: Walk outdoors on flat ground ?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Climb up 5 steps ?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Are you able to: Wash and dry your entire body ?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Take a tub bath ?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Get on and off the toilet ?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Are you able to: 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"/>
Bend down and pick up clothing from the floor?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Are you able to: Open car doors ?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Open jars which have previously opened ?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Turn regular taps on and off ?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Are you able to: Run errands and shop ?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Get in and out of a car ?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do chores such as vacuuming or yardwork ?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

SHAQ

<p>Scoring: The abilities are scored:</p> <p>Without any difficulty: 0</p> <p>With some difficulty: 1</p> <p>With much difficulty: 2</p> <p>Unable to do: 3</p>	<p>If a category remains unanswered, that category is ignored.</p> <p>The disability index is the sum of the scores for each of the categories, divided by the number of categories answered. Range: 0-3</p>
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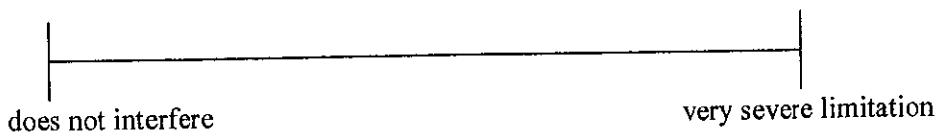
Please check any Aids or Devices that you usually use:

- | | | | |
|--------------|--------------------------|--|--------------------------|
| Cane | <input type="checkbox"/> | Dressing Devices (button hook, long shoe horn, etc.) | <input type="checkbox"/> |
| Walker | <input type="checkbox"/> | Built up or Special Utensils | <input type="checkbox"/> |
| Bathtub seat | <input type="checkbox"/> | Long Handled Appliances for reach | <input type="checkbox"/> |
| Bathtub bar | <input type="checkbox"/> | Long Handled Appliances for Bathroom | <input type="checkbox"/> |
| Jar Opener | <input type="checkbox"/> | Raised Toilet Seat | <input type="checkbox"/> |
| Crutches | <input type="checkbox"/> | Special or Built-up Chair | <input type="checkbox"/> |
| Wheelchair | <input type="checkbox"/> | Other (Specify) _____ | <input type="checkbox"/> |

Please check any categories for which you usually need help from another person:

- | | | | |
|---------|--------------------------|-----------------------------|--------------------------|
| Hygiene | <input type="checkbox"/> | Gripping and Opening Things | <input type="checkbox"/> |
| Reach | <input type="checkbox"/> | Errands and Chores | <input type="checkbox"/> |

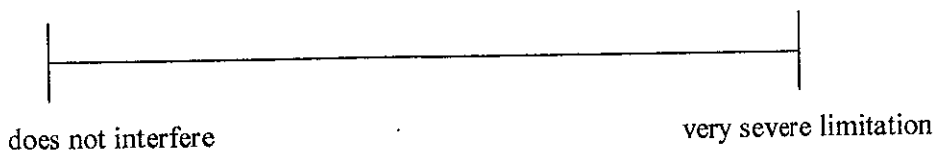
1. In the past week, how much has your Raynaud's Phenomenon interfered with your activities?



2. In the past week, how much has/have your finger ulcer(s) interfered with your activities?



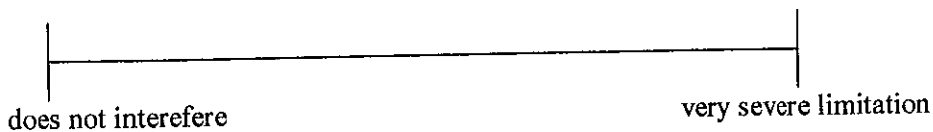
3. In the past week, how much have your gastrointestinal problems interfered with your activities?



4. In the past week, how much have your lung problems interfered with your activities?



5. In the past week, how much have the overall problems from your scleroderma interfered with your activities?



6. How much pain have you had because of your illness in the past week ?

Place a mark on the line to indicate the severity of the pain.

