



Universitair Medisch Centrum
Utrecht

Hemophilia

Activities

List

| | | |
|---------|---|-------|
| Date | : | |
| Patient | : | |

Version 2005
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Van Creveldkliniek / Dep. Rehab. Med.
University Medical Centre Utrecht

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When using this questionnaire, please use the following references:

Van Genderen FR, Van Meeteren NLU, Van der Bom JG, Heijnen L, De Kleijn P, Van den Berg HM, Helders PJM. Functional consequences of haemophilia in adults: the development of the Haemophilia Activities List. Haemophilia 2004; 10: 565-71.

Van Genderen FR, Westers P, Heijnen L, De Kleijn P, Van den Berg HM, Helders PJM, Van Meeteren NLU. Measuring patients' perceptions on their functional abilities: validation of the Haemophilia Activities List (HAL). Haemophilia 2006; 12: 36-46.

Introduction

This is the Hemophilia Activities List, or HAL. In this questionnaire several activities are listed that could be difficult for people with hemophilia. The aim of this questionnaire is to see how easy it is for you to do these activities

General comments

When answering the questions, it is only **your own** experience that counts. You should tick the box behind the question that best reflects your own situation.

For every activity, you are asked whether you had any difficulty in performing that activity **due to hemophilia**. There are six different response options. Answer each question by ticking the box that describes your situation.

Example:

In the past month, did you have any difficulty **due to hemophilia** with:

n/a Impossible Always Mostly Sometimes Rarely Never

Using public transportation (bus, train, subway)

₈ ₁ ₂ ₃ ₄ ₅ ₆

For every question you are required to tick one box. The “n/a” response option (“not applicable”) can be used if you never (have to) perform that specific activity. The “n/a” option is only available for some activities. The difference between the “Impossible” and “Always” response option, is that with “Always” you are in fact able to perform that activity, but with problems and with “Impossible” you are unable to perform that activity. It is very important that you answer all questions. Even when a question seems irrelevant to you, or when you have no opinion relating to the question, please tick the box that describes your situation most closely.

It will take 5-10 minutes to finish this questionnaire.

Lying down/ sitting / kneeling / standing

In the previous month, did you have any difficulty, due to hemophilia, with:

| | Impossible | Always | Mostly | Sometimes | Rarely | Never |
|---|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|
| Sitting down (e.g. on a chair or couch) | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ | <input type="checkbox"/> ₅ | <input type="checkbox"/> ₆ |
| Rising from a chair <i>with</i> armrests | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ | <input type="checkbox"/> ₅ | <input type="checkbox"/> ₆ |
| Rising from a chair <i>without</i> armrests | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ | <input type="checkbox"/> ₅ | <input type="checkbox"/> ₆ |
| Kneeling / squatting | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ | <input type="checkbox"/> ₅ | <input type="checkbox"/> ₆ |
| Bending forward | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ | <input type="checkbox"/> ₅ | <input type="checkbox"/> ₆ |
| Kneeling for a longer period of time | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ | <input type="checkbox"/> ₅ | <input type="checkbox"/> ₆ |
| Squatting for a longer period of time | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ | <input type="checkbox"/> ₅ | <input type="checkbox"/> ₆ |
| Standing for a longer period of time | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ | <input type="checkbox"/> ₅ | <input type="checkbox"/> ₆ |

Functions of the legs

In the previous month, did you have any difficulty, due to hemophilia, with:

| | Impossible | Always | Mostly | Sometimes | Rarely | Never |
|--|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|
| Walking short distances (less than 1 kilometer / 15 minutes) | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ | <input type="checkbox"/> ₅ | <input type="checkbox"/> ₆ |
| Walking long distances (more than 1 kilometer / 15 minutes) | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ | <input type="checkbox"/> ₅ | <input type="checkbox"/> ₆ |
| Walking on a soft surface (e.g. on the beach or through the woods) | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ | <input type="checkbox"/> ₅ | <input type="checkbox"/> ₆ |
| Walking on an uneven surface (e.g. cobblestones, high sidewalks) | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ | <input type="checkbox"/> ₅ | <input type="checkbox"/> ₆ |
| Strolling / (window-)shopping | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ | <input type="checkbox"/> ₅ | <input type="checkbox"/> ₆ |
| Climbing <u>up</u> the stairs | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ | <input type="checkbox"/> ₅ | <input type="checkbox"/> ₆ |
| Climbing <u>down</u> the stairs | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ | <input type="checkbox"/> ₅ | <input type="checkbox"/> ₆ |
| Running (e.g. in order to catch the bus) | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ | <input type="checkbox"/> ₅ | <input type="checkbox"/> ₆ |
| Jumping | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ | <input type="checkbox"/> ₅ | <input type="checkbox"/> ₆ |

Functions of the arms

In the previous month, did you have any difficulty, due to hemophilia, with:

| | Impossible | Always | Mostly | Sometimes | Rarely | Never |
|---|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|
| Lifting heavy objects | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ | <input type="checkbox"/> ₅ | <input type="checkbox"/> ₆ |
| Carrying heavy objects in the arms | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ | <input type="checkbox"/> ₅ | <input type="checkbox"/> ₆ |
| Fine hand movements (e.g. closing buttons) | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ | <input type="checkbox"/> ₅ | <input type="checkbox"/> ₆ |
| Reaching above your head (to pick something up from a high shelf) | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ | <input type="checkbox"/> ₅ | <input type="checkbox"/> ₆ |

Use of transportation

In the previous month, did you have any difficulty due to hemophilia with:

| | n/a | Impossible | Always | Mostly | Sometimes | Rarely | Never |
|--|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|
| Riding a bicycle | <input type="checkbox"/> ₈ | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ | <input type="checkbox"/> ₅ | <input type="checkbox"/> ₆ |
| Getting in and out of a car | <input type="checkbox"/> ₈ | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ | <input type="checkbox"/> ₅ | <input type="checkbox"/> ₆ |
| Using public transportation (bus, train, subway) | <input type="checkbox"/> ₈ | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ | <input type="checkbox"/> ₅ | <input type="checkbox"/> ₆ |

Self care

In the previous month, did you have any difficulty due to hemophilia with:

| | Impossible | Always | Mostly | Sometimes | Rarely | Never |
|---|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|
| Drying your whole body | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ | <input type="checkbox"/> ₅ | <input type="checkbox"/> ₆ |
| Putting on a shirt, sweater etc. | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ | <input type="checkbox"/> ₅ | <input type="checkbox"/> ₆ |
| Putting on sock and shoes | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ | <input type="checkbox"/> ₅ | <input type="checkbox"/> ₆ |
| Putting on a tie or closing the top button of a shirt | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ | <input type="checkbox"/> ₅ | <input type="checkbox"/> ₆ |
| Going to the toilet | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ | <input type="checkbox"/> ₅ | <input type="checkbox"/> ₆ |

Household tasks

In the previous month, did you have any difficulty, due to hemophilia, with:

| | n/a | Impossible | Always | Mostly | Sometimes | Rarely | Never |
|--|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|
| Going out shopping (for food, drink etc.) | <input type="checkbox"/> ₈ | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ | <input type="checkbox"/> ₅ | <input type="checkbox"/> ₆ |
| Washing the dishes, cleaning the sink | <input type="checkbox"/> ₈ | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ | <input type="checkbox"/> ₅ | <input type="checkbox"/> ₆ |
| Cleaning the house | <input type="checkbox"/> ₈ | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ | <input type="checkbox"/> ₅ | <input type="checkbox"/> ₆ |
| Other household tasks (ironing, making the beds) | <input type="checkbox"/> ₈ | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ | <input type="checkbox"/> ₅ | <input type="checkbox"/> ₆ |
| Doing odd jobs (both in and around the house) | <input type="checkbox"/> ₈ | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ | <input type="checkbox"/> ₅ | <input type="checkbox"/> ₆ |
| Gardening | <input type="checkbox"/> ₈ | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ | <input type="checkbox"/> ₅ | <input type="checkbox"/> ₆ |

Leisure activities and sports

In the previous month, did you have any difficulty due to hemophilia with:

| | n/a | Impossible | Always | Mostly | Sometimes | Rarely | Never |
|--|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|
| Playing games (outdoors, e.g. with your children) | <input type="checkbox"/> ₈ | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ | <input type="checkbox"/> ₅ | <input type="checkbox"/> ₆ |
| Sports | <input type="checkbox"/> ₈ | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ | <input type="checkbox"/> ₅ | <input type="checkbox"/> ₆ |
| Going out (theatre / museum / movie theatre / bar) | <input type="checkbox"/> ₈ | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ | <input type="checkbox"/> ₅ | <input type="checkbox"/> ₆ |
| Hobbies | <input type="checkbox"/> ₈ | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ | <input type="checkbox"/> ₅ | <input type="checkbox"/> ₆ |
| Dancing | <input type="checkbox"/> ₈ | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ | <input type="checkbox"/> ₅ | <input type="checkbox"/> ₆ |
| Going on a holiday (active) | <input type="checkbox"/> ₈ | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ | <input type="checkbox"/> ₅ | <input type="checkbox"/> ₆ |
| Going on a holiday (“passive”; beach-/hotel holiday) | <input type="checkbox"/> ₈ | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ | <input type="checkbox"/> ₅ | <input type="checkbox"/> ₆ |

Adaptations and using an aid

To do some activities, you might need some adaptations or an aid. This does not apply to acute bleeding episodes, when you or more or less forced to use crutches to be able to walk. In the following questions we ask you some things regarding those adaptations or aids.

Do you own a car with adaptations?

- No, I don't have a car
- No, I don't have adaptations in my car

Yes, I own a car with (multiple responses are allowed):

- Electronic windows
- Power steering
- Automatic gearbox
- The ability to sit in a wheelchair inside your car
- Brake and/or accelerator on the steering column
- Other, namely:
- Other, namely:
- Other, namely:

Do you use aids when performing certain activities?

- No, I don't use any aids

Yes, I use (multiple responses are allowed):

- A crutch (1 crutch / cane)
- Crutches (two)
- Wheelchair
- Rollator
- Other, namely:
- Other, namely:
- Other, namely:

Thank you for completing the questions on activities. To finish this questionnaire, please provide us with some personal information in the box below. The information you provide will be handled strictly confidentially.

Today's date :

Your date of birth :

What type of haemophilia do you have?

Haemophilia type* ₁ Haemophilia A

₂ Haemophilia B

Severity* ₁ Mild

₂ Moderate

₃ Severe

* Please tick the appropriate box

Thank you very much for your cooperation