



UMC Utrecht  
Van Creveldkliniek

# Hemophilia Activities List

Date : .....

Patient ID: .....

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USA / Canadian Version  
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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, Helden 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, Helden 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 adults who have 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. For every activity, you are asked whether you had any difficulty in performing that activity **due to hemophilia**. There are seven different response options. Answer each question by placing an “X” in the box that describes your situation.

### Example:

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

	n/a	Impossible	Always a problem	Mostly a problem	Sometimes a problem	Rarely a problem	Never a problem
Using public transportation (bus, train, subway, streetcar)	<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

Please choose only one box per question. The “N/A” response option (“not applicable”) can be used if you never (had 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 were 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 mark 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 a problem	Mostly a problem	Sometimes a problem	Rarely a problem	Never a problem
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
Standing up from a chair <i>that has</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
Standing up from a chair <i>that</i> <i>does not have</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 long periods 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 long periods 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 long periods 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

## Legs

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

	Impossible	Always a problem	Mostly a problem	Sometimes a problem	Rarely a problem	Never a problem
Walking short distances (less than 0.6 miles / less than 15 minutes)	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>6</sub>
Walking long distances (more than 0.6 miles / more than 15 minutes)	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>6</sub>
Walking on a soft surface (e.g. on the beach)	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>6</sub>
Walking on an uneven surface (e.g. cobblestones, high sidewalks)	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>6</sub>
Strolling / (window-)shopping	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>6</sub>
Walking <u>up</u> a flight of stairs (a flight of stairs is approximately 14 steps)	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>6</sub>
Climbing <u>down</u> a flight of stairs	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>6</sub>
Running (e.g. in order to catch the bus)	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>6</sub>
Jumping	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>6</sub>

## Arms

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

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



## Leisure activities and sports

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

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

## Adaptations and using an aid

To do some activities, you might need some adaptations or an aid. We want to know about the aids that you used on a typical day (so do not include the use of crutches after a joint bleed). The questions below ask about your 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
- The ability to sit in a wheelchair inside your van
- 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)
- A pair of crutches (two)
- A wheelchair
- A walker
- 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 hemophilia do you have?

Hemophilia type\* <sub>1</sub> Hemophilia A

<sub>2</sub> Hemophilia B

Severity\* <sub>1</sub> Mild

<sub>2</sub> Moderate

<sub>3</sub> Severe

\* Please mark the appropriate box

Thank you very much for your cooperation