



UMC Utrecht
Van Creveldkliniek

Pediatric

Hemophilia

Activities

List

Parents' version

An activities questionnaire for children aged 4-17 with hemophilia.

Date completed :.....

Date of birth :.....

Version 0.12 2015

US/Canadian Version

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University Medical Center Utrecht

Introduction

This is the Pediatric Hemophilia Activities List, or 'PedHAL' for short. This list describes a number of activities that can cause problems for children and teenagers with hemophilia. We would like to use this list to find out whether they are problems for your child, too.

General comments

Answer the questions based on **your child's** experiences. The aim is to give the answer that you think best describes your child's situation. For each of the activities, you are asked to indicate whether your child has had problems with the activity in the past month due to hemophilia. There are seven possible answers from which to choose. Please mark your answer by placing a cross in the correct box.

Example:

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

	N/A	Impossible	Always a problem	Usually a problem	Sometimes a problem	Almost never a problem	Never a problem
Bicycling	<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. Use the 'N/A' option if your child never carried out the activity (or never needed to). The difference between 'Impossible' and 'Always a problem' is that 'Impossible' means your child was unable to carry out the activity, whereas answering 'Always a problem' means that your child always had problems with the activity, but he/she was still able to carry it out.

It is very important that you answer all of the questions. If you have doubts about answering a question, try to give the answer that comes closest to what you think is right for your child.

This questionnaire takes about 10 minutes to complete.

Sitting/kneeling/standing

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

	N/A	Impossible	Always a problem	Usually a problem	Sometimes a problem	Rarely a problem	Never a problem
Sitting down (e.g. on a chair or couch)	<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
Sitting on the ground (e.g. when watching TV or playing)	<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
Standing up from a chair <i>with</i> arm rests	<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
Standing up from a chair <i>without</i> arm rests	<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
Kneeling/squatting (bending his/her knees)	<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
Squatting for long periods (knees not touching the ground)	<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
Bending over forwards	<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
Standing still for a short period (less than 10 minutes; e.g. waiting in line at a shop)	<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
Standing still for longer periods (from 10 minutes to 1 hour)	<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
Standing still for very long periods (more than 1 hour)	<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

Legs

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

	NA	Impossible	Always a problem	Usually a problem	Sometimes a problem	Rarely a problem	Never a problem
Walking short distances (less than 10 minutes)	<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
Walking longer distances (from 10 minutes to 1 hour)	<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
Walking long distances (more than 1 hour)	<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
Walking on an uneven surface (e.g. a bumpy road, high curbs, doorsteps)	<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
Walking on a soft surface (e.g. on the beach)	<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
Strolling (e.g. a day at the zoo)	<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
Running (e.g. to catch the bus, or catch up to a friend)	<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
Jumping (onto/off something)	<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
Walking <i>up</i> a flight of stairs (a flight of stairs is around 14 steps)	<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
Walking <i>down</i> a flight of stairs	<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
Walking or riding up a small hill or slope without help	<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

Arms

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

	N/A	Impossible	Always a problem	Usually a problem	Sometimes a problem	Rarely a problem	Never a problem
Carrying large or heavy objects with two hands (e.g. a big box of toys, a stack of books)	<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
Stretching to reach something above head-height (e.g. a high shelf)	<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
Fine hand movements (e.g. picking up a Lego, playing computer games)	<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
Writing (e.g. schoolwork or homework)	<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
Leaning on his/her arms	<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
Shaking hands with someone	<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

Use of transport

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

	N/A	Impossible	Always a problem	Usually a problem	Sometimes a problem	Rarely a problem	Never a problem
Bicycling	<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 the 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, 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

Self care

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

	N/A	Impossible	Always a problem	Usually a problem	Sometimes a problem	Rarely a problem	Never a problem
Drying his/her entire body	<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
Putting on a t-shirt, jumper, 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
Putting on trousers	<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
Putting on shoes and socks	<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
Wiping himself/herself after using the toilet	<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
Fastening a hood or the top button of his/her jacket	<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
Buttering bread or making a sandwich	<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
Opening a bottle of water, juice, 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
Brushing his/her teeth	<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

Household tasks

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

	N/A	Impossible	Always a problem	Usually a problem	Sometimes a problem	Rarely a problem	Never a problem
Chores in the house (e.g. making his/her bed, cleaning his/her room, setting the table)	<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
Outside chores (e.g. taking out the garbage, washing the 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
Other household chores (e.g. running errands, walking the dog)	<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

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Leisure activities and sports

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

	N/A	Impossible	Always a problem	Usually a problem	Sometimes a problem	Rarely a problem	Never a problem
Going out and dancing (e.g. the movies, pub, disco, entertainment centre, museum, 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
Playing outside, alone or with others	<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
School sports: exercises and gymnastic equipment	<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
School sports: athletics (e.g. long jump)	<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
School sports: ball sports (volleyball, softball)	<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
Playing non-contact team sports (e.g. volleyball, basketball)	<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
Playing contact team sports (e.g. hockey, soccer)	<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
Individual non-contact sports (e.g. tennis, cycling)	<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
Individual contact sports (judo, karate, boxing, kickboxing)	<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
Taking part in a sports event over the course of several days (e.g. swimming, walking, cycling or a sports tournament)	<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 to school camp or summer camp	<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

Your child may have been using various types of modified equipment or aids to enable him/her to carry out his/her activities. We want to know about the aids that your child used on a typical day (so do not include the use of crutches after a joint bleed).

The questions below ask about these modified equipment and aids.

Do your child have a bike that has been modified?

- No, my child does not have a bike
- No, my child's bike has not been modified

Yes, my child has a bike with (several answers allowed):

- Three wheels
- Power Assist system
- A moped or motorised bicycle
- Other (please specify):
- Other (please specify):
- Other (please specify):

Do your child use any aids when carrying out his/her daily activities?

- No, my child doesn't use any aids

Yes, my child uses (several answers allowed):

- A crutch (1 crutch/cane)
- A pair of crutches
- Wheelchair
- Walker
- Other (please specify):
- Other (please specify):

If there are any other activities that you would like to add to the list, please describe them below:

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Thank you for your cooperation.