

DISABILITY OF THE ARM, SHOULDER AND HAND

Please rate your ability to do the following activities in the last week by circling the number below the appropriate response.

	Unable	No Difficulty	Mild Difficulty	Moderate Difficulty	Severe Difficulty	
1. Open a tight or new jar	1	2	3	4	5	
2. Write	1	2	3	4	5	
3. Turn a Key	1	2	3	4	5	
4. Prepare a meal	1	2	3	4	5	
5. Push open a heavy door	1	2	3	4	5	
6. Place an object on a shelf above your head	1	2	3	4	5	
7. Do heavy household chores (eg. wash walls, wash floors)	1	2	3	4	5	
8. Garden or do yard works	1	2	3	4	5	
9. Make a bed	1	2	3	4	5	
10. Carry a shopping bag or briefcase	1	2	3	4	5	
11. Carry a heavy object (over 10 lbs)	1	2	3	4	5	
12. Change a light bulb overhead	1	2	3	4	5	
13. Wash or blow dry your hair	1	2	3	4	5	
14. Wash your back	1	2	3	4	5	
15. Put on a pullover sweater	1	2	3	4	5	
16. Use a knife to cut food	1	2	3	4	5	
17. Recreational activities which require little effort (eg. card playing, knitting etc)	1	2	3	4	5	
18. Recreational activities in which you take some force or impact through your arm, shoulder or hand (eg. golf, hammering, tennis etc.)	1	2	3	4	5	
19. Recreational activities in which you move your arm freely (eg. playing frisbee, badminton, etc.)	1	2	3	4	5	
20. Manage transportation needs (getting from one place to another)	1	2	3	4	5	
21. Sexual activities	1	2	3	4	5	

DISABILITY OF THE ARM, SHOULDER AND HAND

	Not at all	Slightly	Moderately	Quite a bit	Extremely
22. During the past week, to what extent has your arm, Shoulder or hand problem interfered with your normal social activities with family, friends, neighbors or groups? (Circle number)	1	2	3	4	5

	Not limited at all	Slightly Limited	Moderately Limited	Very Limited	Unable
23. During the past week, were you limited in your work or other regular daily activities as a result of your arm, shoulder or hand problem? (Circle number)	1	2	3	4	5

Please rate the severity of the following symptoms in the last week. (Circle number)

	None	Mild	Moderate	Severe	Extreme
24. Arm, shoulder, or hand pain	1	2	3	4	5
25. Arm, shoulder or hand pain when you perform any specific activity	1	2	3	4	5
26. Tingling (pins and needles) in your arm, shoulder or hand.	1	2	3	4	5
27. Weakness in your arm, shoulder or hand	1	2	3	4	5
28. Stiffness in your arm, shoulder or hand	1	2	3	4	5

	No Difficulty difficulty	Mild Difficulty	Moderate Difficulty	Severe Difficulty	So much that I cant sleep
29. During past week, how much difficulty have you had sleeping because of the pain in your arm, shoulder, or hand? (circle number)	1	2	3	4	5

	Strongly Disagree	Disagree	Neither agree Nor disagree	Agree	
30. I feel less capable, less confident or less useful Because of my arm, shoulder, or hand problem (circle number)	1	2	3	4	5

VISUAL ANALOG SCALE

(On a scale of 1-10)

What is the level or intensity of pain you are currently experiencing?

No pain _____ Worst Imaginable pain

To what extent does pain limit your daily activity?

No effect _____ Incapable of activity