

Disabilities of the Arm, Shoulder, and Hand

Name: _____

Date: _____

Please rate your ability to do the following activities in the last week by circling the number below the response that most accurately relates to your experience. Please answer ALL thirty (30) questions

	NO DIFFICULTY	MILD DIFFICULTY	MODERATE DIFFICULTY	SEVERE DIFFICULTY	UNABLE
Open a tight or new jar	1	2	3	4	5
Write	1	2	3	4	5
Turn a key	1	2	3	4	5
Prepare a meal	1	2	3	4	5
Push open a heavy door	1	2	3	4	5
Place an object on a shelf above your head	1	2	3	4	5
Do heavy household chores (e.g., wash walls, wash floors)	1	2	3	4	5
Garden or do yard work	1	2	3	4	5
Make a bed	1	2	3	4	5
Carry a shopping bag or briefcase	1	2	3	4	5
Carry a heavy object (over 10 lbs.)	1	2	3	4	5
Change a light bulb overhead	1	2	3	4	5
Wash or blow dry your hair	1	2	3	4	5
Wash your back	1	2	3	4	5
Put on a pullover sweater	1	2	3	4	5
Use a knife to cut food	1	2	3	4	5
Recreational activities which require little effort (e.g., card playing, knitting, etc.)	1	2	3	4	5
Recreational activities in which you take some force or impact through your arm, shoulder, or hand (e.g., golf, tennis, woodworking, etc.)	1	2	3	4	5
Recreational activities in which you move your arm freely (e.g., playing frisbee, badminton, etc.)	1	2	3	4	5
Manage transportation needs (getting from one place to another)	1	2	3	4	5

Sexual Activities	1	2	3	4	5
During the past week, to <i>what extent</i> has your arm, shoulder, or hand problem interfered with your normal social activities with family, friends, neighbors, groups?	1	2	3	4	5
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?	1	2	3	4	5

Please rate the severity of the following symptoms in the last week

	NONE	MILD	MODERATE	SEVERE	EXTREME
Arm, shoulder, or hand pain	1	2	3	4	5
Arm, shoulder, or hand pain when you performed any specific activity	1	2	3	4	5
Tingling (pins & needles) in your arm, shoulder, or hand	1	2	3	4	5
Weakness in your arm, shoulder, or hand	1	2	3	4	5
Stiffness in your arm shoulder, or hand	1	2	3	4	5

	NO DIFFICULTY	MILD DIFFICULTY	MODERATE DIFFICULTY	SEVERE DIFFICULTY	UNABLE TO SLEEP
During the past week, how much difficulty have you had sleeping because of the pain in your arm, shoulder, or hand?	1	2	3	4	5

	STRONGLY DISAGREE	DISAGREE	NEITHER AGREE OR DISAGREE	AGREE	STRONGLY AGREE
I feel less capable, less confident or less useful because of my arm, shoulder, or hand problem.	1	2	3	4	5

Please share any additional comments you might have regarding your arm, shoulder, or hand complaint.
