

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ MHSC: \_\_\_\_\_  
**Initial**  **Right**  **Left**  **Additional TX**  **D/C**  **Date:** \_\_\_\_\_

## Disabilities 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. If you did not have the opportunity to perform an activity in the past week, please make your *best estimate* on which response would be the most accurate. It doesn't matter which hand or arm you use to perform the activity; please answer based on your ability regardless of how you perform the task.

	No Difficulty	Mild Difficulty	Moderate Difficulty	Severe Difficulty	Unable
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 (e.g., wash walls, wash floors)	1	2	3	4	5
8. Garden or do yard work	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 pounds)	1	2	3	4	5
12. Change a lightbulb 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 (e.g., 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 (e.g., golf, hammering, tennis, etc.)	1	2	3	4	5
19. Recreational activities in which you move your arm freely (e.g., playing Frisbee, badminton, etc.)	1	2	3	4	5
20. Manage transportation needs (getting from one place to another)	1	2	3	4	5

	<b>Not At All</b>	<b>Slightly</b>	<b>Moderately</b>	<b>Quite A Bit</b>	<b>Extremely</b>
21. During the past week, to what extent has your arm, shoulder or hand problem interfered with your normal social activities with family, friends, neighbours or groups?	1	2	3	4	5

	<b>Not Limited At All</b>	<b>Slightly Limited</b>	<b>Moderately Limited</b>	<b>Very Limited</b>	<b>Unable</b>
22. 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 (circle number)

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

	<b>No Difficulty</b>	<b>Mild Difficulty</b>	<b>Moderate Difficulty</b>	<b>Severe Difficulty</b>	<b>So Much Difficulty I Can't Sleep</b>
28. 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

	<b>Strongly Disagree</b>	<b>Disagree</b>	<b>Neither Agree Nor Disagree</b>	<b>Agree</b>	<b>Strongly Agree</b>
29. I feel less capable, less confident or less useful because of my arm, shoulder or hand problem (circle number)	1	2	3	4	5