

Name: _____

Date: ____ / ____ / ____

INSTRUCTIONS

This questionnaire asks about your symptoms as well as your ability to perform certain activities.

Please answer every question, based on your condition **in the last week**, by circling the appropriate number. 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.

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

		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 lbs.).	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
21.	Sexual activities.	1	2	3	4	5

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PAIN: _____ / 100

IMPROVEMENT: _____ %

SCORE: _____ / 100

Error (single measure): ±4.6-7.6 %
MDC: 12.75-17.23 % / MCID: 15%

		NOT AT ALL	SLIGHTLY	MODERATELY	QUITE A BIT	EXTREMELY
22.	During the past week, <i>to what extent</i> has your arm, shoulder, or hand problem interfered with your normal social activities with family, friends, neighbors, or groups?	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?	1	2	3	4	5

Please rate the severity of your symptoms in the past week.

		NOT LIMITED AT ALL	SLIGHTLY LIMITED	MODERATELY LIMITED	VERY LIMITED	UNABLE
24.	Arm, shoulder or hand pain.	1	2	3	4	5
25.	Arm, shoulder, or hand pain when you performed 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	MILD DIFFICULTY	MODERATE DIFFICULTY	SEVERE DIFFICULTY	UNABLE
29.	During the past week, how much difficulty have you had sleeping because of the pain in your arm, shoulder, or hand? (<i>circle number</i>)	1	2	3	4	5

		STRONGLY DISAGREE	DISAGREE	NEITHER AGREE NOR DISAGREE	AGREE	STRONGLY AGREE
30.	I feel less capable, less confident, or less useful because of my arm, shoulder or hand problem. (<i>circle number</i>)	1	2	3	4	5

31. PAIN INDEX:

Please mark your current pain with an X:

No Pain Worst Pain

32. IMPROVEMENT INDEX:

Please mark your improvement with an X:

No Improvement Complete Improvement