

Name: _____ Date: _____

Date of birth : _____

Fill in the appropriate square completely. **DO NOT** use a or

PLEASE RATE YOUR ABILITY TO DO THE FOLLOWING ACTIVITIES IN THE LAST WEEK BY INDICATING THE APPROPRIATE RESPONSE.

1. Open a tight or new jar.	1 <input type="checkbox"/> No difficulty	2 <input type="checkbox"/> Mild difficulty	3 <input type="checkbox"/> Moderate difficulty	4 <input type="checkbox"/> Severe difficulty	5 <input type="checkbox"/> Unable
2. Do heavy household chores (e.g., wash walls, floors).	1 <input type="checkbox"/> No difficulty	2 <input type="checkbox"/> Mild difficulty	3 <input type="checkbox"/> Moderate difficulty	4 <input type="checkbox"/> Severe difficulty	5 <input type="checkbox"/> Unable
3. Carry a shopping bag or briefcase.	1 <input type="checkbox"/> No difficulty	2 <input type="checkbox"/> Mild difficulty	3 <input type="checkbox"/> Moderate difficulty	4 <input type="checkbox"/> Severe difficulty	5 <input type="checkbox"/> Unable
4. Wash your back.	1 <input type="checkbox"/> No difficulty	2 <input type="checkbox"/> Mild difficulty	3 <input type="checkbox"/> Moderate difficulty	4 <input type="checkbox"/> Severe difficulty	5 <input type="checkbox"/> Unable
5. Use a knife to cut food.	1 <input type="checkbox"/> No difficulty	2 <input type="checkbox"/> Mild difficulty	3 <input type="checkbox"/> Moderate difficulty	4 <input type="checkbox"/> Severe difficulty	5 <input type="checkbox"/> Unable
6. Recreational activities in which you take some force or impact through your arm, shoulder or hand (e.g., golf, hammering, tennis, etc.).	1 <input type="checkbox"/> No difficulty	2 <input type="checkbox"/> Mild difficulty	3 <input type="checkbox"/> Moderate difficulty	4 <input type="checkbox"/> Severe difficulty	5 <input type="checkbox"/> Unable
7. 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 <input type="checkbox"/> No difficulty	2 <input type="checkbox"/> Mild difficulty	3 <input type="checkbox"/> Moderate difficulty	4 <input type="checkbox"/> Severe difficulty	5 <input type="checkbox"/> Unable
8. 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 <input type="checkbox"/> No difficulty	2 <input type="checkbox"/> Mild difficulty	3 <input type="checkbox"/> Moderate difficulty	4 <input type="checkbox"/> Severe difficulty	5 <input type="checkbox"/> Unable

PLEASE RATE THE SEVERITY OF THE FOLLOWING SYMPTOMS IN THE LAST WEEK.

9. Arm, shoulder or hand pain.	1 <input type="checkbox"/> No difficulty	2 <input type="checkbox"/> Mild difficulty	3 <input type="checkbox"/> Moderate difficulty	4 <input type="checkbox"/> Severe difficulty	5 <input type="checkbox"/> Unable
10. Tingling (pins and needles) in your arm, shoulder or hand.	1 <input type="checkbox"/> No difficulty	2 <input type="checkbox"/> Mild difficulty	3 <input type="checkbox"/> Moderate difficulty	4 <input type="checkbox"/> Severe difficulty	5 <input type="checkbox"/> Unable
11. During the past week, how much difficulty have you had sleeping because of the pain in your arm, shoulder or hand?	1 <input type="checkbox"/> No difficulty	2 <input type="checkbox"/> Mild difficulty	3 <input type="checkbox"/> Moderate difficulty	4 <input type="checkbox"/> Severe difficulty	5 <input type="checkbox"/> So much difficulty that I can't sleep

Scoring:
Disability/Symptom Score: (((Sum of Questions 1-11) / 11) - 1) x 25

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WORK MODULE (OPTIONAL)

The following questions ask about the impact of your arm, shoulder or hand problem on your ability to work (including homemaking if that is your main work role).

Do you work?

I work I do not work. (You may skip this section)

Please indicate what your job/work is:

Please indicate the choice that best describes your physical ability in the past week. Did you have any difficulty:

1. using your usual technique for your work?

1 No difficulty 2 Mild difficulty 3 Moderate difficulty 4 Severe difficulty 5 Unable

2. doing your usual work because of arm, shoulder or hand pain?

1 No difficulty 2 Mild difficulty 3 Moderate difficulty 4 Severe difficulty 5 Unable

3. doing your work as well as you would like?

1 No difficulty 2 Mild difficulty 3 Moderate difficulty 4 Severe difficulty 5 Unable

4. spending your usual amount of time doing your work?

1 No difficulty 2 Mild difficulty 3 Moderate difficulty 4 Severe difficulty 5 Unable

Scoring:

Work Module Score: (((Sum of Questions 1-4) / 4) - 1) x 25

SPORTS/PERFORMING ARTS MODULE (OPTIONAL)

The following questions relate to the impact of your arm, shoulder or hand problem on playing your musical instrument or sport or both. If you play more than one sport or instrument (or play both), please answer with respect to that activity which is most important to you.

Do you play a sport or an instrument?

I do play a sport or an instrument I do not play a sport or an instrument. (You may skip this section)

Please indicate the sport or instrument which is most important to you:

Please indicate the choice that best describes your physical ability in the past week. Did you have any difficulty:

1. Using your usual technique for playing your instrument or sport?

1 No difficulty 2 Mild difficulty 3 Moderate difficulty 4 Severe difficulty 5 Unable

2. Playing your musical instrument or sport because of arm, shoulder or hand pain?

1 No difficulty 2 Mild difficulty 3 Moderate difficulty 4 Severe difficulty 5 Unable

3. Playing your musical instrument or sport as well as you would like?

1 No difficulty 2 Mild difficulty 3 Moderate difficulty 4 Severe difficulty 5 Unable

4. Spending your usual amount of time practicing or playing your instrument or sport?

1 No difficulty 2 Mild difficulty 3 Moderate difficulty 4 Severe difficulty 5 Unable

Scoring:

Sport/Performing Arts Module Score: (((Sum of Questions 1-4) / 4) - 1) x 25