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Name \_\_\_\_\_ DOB \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**THE DISABILITIES OF THE ARM, SHOULDER, AND HAND**

Please answer every question based on your condition in the last week. 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 the following activities in the last week.**

	No Difficulty	Mild Difficulty	Moderate Difficulty	Severe Difficulty	Unable
Open a tight or new jar					
Write					
Turn a key					
Prepare a meal					
Push open a heavy door					
Place an object on a shelf above your head					
Do heavy household chores (wash wall, wash floors)					
Garden or do yard work					
Make a bed					
Carry a shopping					

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bag or briefcase					
Carry a heavy object (over 10lbs)					
Change a lightbulb overhead					
Wash or blow dry your hair					
Wash your back					
Put on a pullover sweater					
Use a knife to cut food					
Recreation activities which require little effort (ie card playing, knitting, etc)					
Recreational activities in which you move your arm freely (ie playing frisbee, badminton, etc)					
Manage transportation needs (getting from one place to another)					
Sexual activities					

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To what extent has your arm, shoulder or hand problem interfered with your normal social activities with family, friends, neighbors or group (circle one)	NOT AT ALL	SLIGHTLY	MODERATELY	QUITE A BIT	EXTREMELY
Were you limited in your work or other regular daily activities as a result of your arm, shoulder, or hand problem? (circle one)	NOT AT ALL	SLIGHTLY LIMITED	MODERATELY LIMITED	VERY LIMITED	UNABLE
Arm, shoulder, or hand pain (circle one)	NONE	MILD	MODERATE	SEVERE	EXTREME
Arm, shoulder or hand pain when you performed any specific activity (circle one)	NONE	MILD	MODERATE	SEVERE	EXTREME
Tingling (pins and needles) in your arm, shoulder, or hand (circle one)	NONE	MILD	MODERATE	SEVERE	EXTREME
Weakness in your arm, shoulder or hand (circle one)	NONE	MILD	MODERATE	SEVERE	EXTREME

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Stiffness in your arm, shoulder or hand (circle one)	NONE	MILD	MODERATE	SEVERE	EXTREME
Difficulty sleeping because of the pain your arm, shoulder or hand (circle one)	NO DIFFICULTY	MILD DIFFICULTY	MODERATE DIFFICULTY	SEVERE DIFFICULTY	SO MUCH I CAN'T SLEEP
I feel less capable, less confident or less useful because of my arm, shoulder, or hand problem (circle one)	STRONGLY DISAGREE	DISAGREE	NEITHER AGREE NOR DISAGREE	AGREE	STRONGLY AGREE

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