

Name _____

Date _____

	NO Difficulty	Mild Difficulty	Moderate Difficulty	Severe Difficulty	Unable to do
Open a tight or new jar	1	2	3	4	5
Do heavy household chores	1	2	3	4	5
Carry a shopping bag or briefcase	1	2	3	4	5
Wash your back	1	2	3	4	5
Use knife to cut food	1	2	3	4	5
Recreational activities in which you take force through your hand (ie Golf, hammering, tennis)	1	2	3	4	5
	Not at all	Slightly	Moderately	Quite a Bit	Extremely
During the past week, to what extent has your shoulder, arm, hand or finger problems interfered with Normal social activities	1	2	3	4	5
During the past week, were you limited in your work or other daily activities as a result of your shoulder, arm hand or finger	1	2	3	4	5
Please rate the severity of the following in the last week	None	Mild	Moderate	Severe	Extreme
Arm, Shoulder Hand pain	1	2	3	4	5
Tingling (pins needles) in your arm, shoulder hand	1	2	3	4	5
	No difficulty	Mild Difficulty	Moderate	Severe difficulty	Cannot Sleep
During the past week, how much difficulty have you had sleeping because of the pain in your shoulder, arm, hand or finger	1	2	3	4	5