

Provider: Marissa Fourie

Today's 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. 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.

1. Open a tight or new jar

- No difficulty Mild difficulty Moderate difficulty Severe difficulty
- Unable

2. Do heavy household chores (eg wash walls, wash floors)

- No difficulty Mild difficulty Moderate difficulty Severe difficulty
- Unable

3. Carry a shopping bag or briefcase

- No difficulty Mild difficulty Moderate difficulty Severe difficulty
- Unable

4. Wash your back

- No difficulty Mild difficulty Moderate difficulty Severe difficulty
- Unable

5. Use a knife to cut food

- No difficulty Mild difficulty Moderate difficulty Severe difficulty
- Unable

6. Recreational activities in which you take some force or impact through your arm, shoulder or hand (eg golf, hammering, tennis, etc)

- No difficulty Mild difficulty Moderate difficulty Severe difficulty
- 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?

- Not at all Slightly Moderately Quite a bit Extremely

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?

- Not limited at all Slightly limited Moderately limited Very limited
- Unable

9. Please rate the severity of the following symptoms in the last week. Arm, shoulder or hand pain

- None Mild Moderate Severe Extreme

10. Tingling (pins and needles) in your arm, shoulder or hand

- None Mild Moderate Severe Extreme

11. During the past week, how much difficulty have you had sleeping because of the pain in your arm, shoulder or hand?

- No difficulty Mild difficulty Moderate difficulty Severe difficulty
- So much difficulty I can't sleep