



PALM BEACH ORTHOPAEDIC INSTITUTE, P.A.

REHABILITATION DEPARTMENT

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Patient name: _____ Date: _____ Score: _____

Disabilities of the Arm, Shoulder and Hand

Please rate your ability to do the following activities within the last week by circling the number in the column of the most appropriate response. It doesn't matter which hand or arm you use to perform an activity; please answer based upon your ability regardless of how you perform the task. If you did not have the chance to perform an activity in the past week, please make your *best estimate* of which response would be the most accurate.

	No Difficulty	Mild Difficulty	Moderate Difficulty	Severe Difficulty	Unable
Open a tight or new jar.	1	2	3	4	5
Write	1	2	3	4	5
Turn a key	1	2	3	4	5
Prepare a meal.	1	2	3	4	5
Push open a heavy door	1	2	3	4	5
Place an object on a shelf above your head.	1	2	3	4	5
Do heavy household chores (e.g. wash wall, wash floors)	1	2	3	4	5
Garden or do yard work.	1	2	3	4	5
Make a bed.	1	2	3	4	5
Carry a shopping bag or brief case.	1	2	3	4	5
Carry a heavy object (over 10lbs)	1	2	3	4	5
Change a light bulb overhead.	1	2	3	4	5
Wash or blow dry your hair.	1	2	3	4	5
Wash your back.	1	2	3	4	5
Put on a pullover sweater.	1	2	3	4	5
Use a knife to cut food.	1	2	3	4	5
Recreational activities which require little effort. (E.g. card playing, knitting, etc.)	1	2	3	4	5
Recreational activities which you take some force or impact through your arm, shoulder, or hand (e.g. golf, hammering, tennis, etc.)	1	2	3	4	5
Recreational activities in which you move your arm freely (e.g. playing softball/baseball, Frisbee, badminton, etc.)	1	2	3	4	5
Manage transportation needs (getting from one place to the other)	1	2	3	4	5
Sexual activities.	1	2	3	4	5

Disabilities of the Arm, Shoulder and Hand

	Not at all	Slightly	Moderately	Quite a bit	Extremely
During the past week, to what extent has your arm, shoulder or hand problem interfered with your normal social activities with family, friends, neighbors or groups? (circle number)	1	2	3	4	5
	Not at all limited	Slightly limited	Moderately limited	Very limited	Unable
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? (circle number)	1	2	3	4	5
	None	Mild	Moderate	Severe	Extreme
Arm, shoulder or hand pain	1	2	3	4	5
Arm, shoulder or hand pain when you performed certain activities	1	2	3	4	5
Tingling (pins and needles) in your arm shoulder or hand	1	2	3	4	5
Stiffness in our arm shoulder or hand.	1	2	3	4	5
	No difficulty	Mild difficulty	Moderate difficulty	Severe difficulty	So much difficulty that I can't sleep
During the past week, how much difficulty have you had sleeping because of the pain in your arm, shoulder or hand? (circle number)	1	2	3	4	5
	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree
I feel less capable, less confident or less useful because of my arm, shoulder or hand problem.(circle number)	1	2	3	4	5

Disabilities of the Arm, Shoulder and Hand

WORK MODULE (OPTIONAL)

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

Please indicate what your job/work is: _____

▫ I do not work. (you may skip this section)

Please circle the number that best describes your physical ability in the past. Did you have any difficulty:

	No difficulty	Mild Difficulty	Moderate Difficulty	Severe Difficulty	Unable
1. Using your usual technique for you work?	1	2	3	4	5
2. Doing your usual work because of arm, shoulder or hand pain?	1	2	3	4	5
3. Doing your work as well as you would like?	1	2	3	4	5
4. Spending your usual amount of time doing your work?	1	2	3	4	5

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 both), please answer with respect to that activity which is most important to you.

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

▫ I do not play a sport or n instrument (you may skip this section)

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

	No difficulty	Mild difficulty	Moderate difficulty	Sever difficulty	Unable
1 Using your usual technique for playing your instrument or sport?	1	2	3	4	5
2 Playing your musical instrument or sport because of arm, shoulder or hand pain?	1	2	3	4	5
3 Playing your musical instrument or sport as well as you would like?	1	2	3	4	5
4 Spending your usual amount of time practicing or playing your instrument or sport?	1	2	3	4	5