

Elbow, Wrist & Hand Questionnaire

For PN/RE/Discharge

PAIN SCALE

If you have pain, what is your pain level? 0 = No Pain; 10 = Extreme Pain

Please circle number for each:

CURRENT Pain Level:

0 1 2 3 4 5 6 7 8 9 10

Pain level at BEST:

0 1 2 3 4 5 6 7 8 9 10

Pain level at WORST:

0 1 2 3 4 5 6 7 8 9 10

FOTO

IF YOU HAVE MEDICARE, PLEASE ANSWER THESE 10 QUESTIONS. IF YOU DO NOT HAVE MEDICARE, PLEASE GO TO THE NEXT PAGE.

We are interested in how you feel about how well you are able to do your usual activities. This information will help us take better care of you. Please circle the number based on the problem for which you are receiving treatment. If you do not do or have not done this activity, please make your best guess as to which response is most accurate.

	NO DIFFICULTY	LITTLE DIFFICULTY	SOME DIFFICULTY	MUCH DIFFICULTY	I CAN'T DO THIS	
1. Are you having difficulty putting on a pullover sweater?	5	4	3	2	1	
2. Are you having any difficulty turning a key?	5	4	3	2	1	
3. Are you having any difficulty carrying a small suitcase?	5	4	3	2	1	
4. Are you having any difficulty washing your back?	5	4	3	2	1	
5. Are you having any difficulty carrying a shopping bag or briefcase?	5	4	3	2	1	
6. Are you having any difficulty doing heavy household chores (ie., washing windows or floors)?	5	4	3	2	1	
7. Are you having any difficulty laundering clothes (ie., washing, ironing, folding)?	5	4	3	2	1	
8. Are you having any difficulty doing up buttons?	5	4	3	2	1	
9. Are you having any difficulty opening a tight or new jar?	5	4	3	2	1	
10. Are you having any difficulty opening doors?	5	4	3	2	1	
						Total

DISABILITIES OF THE ARM, SHOULDER, AND HAND**ALL PATIENTS PLEASE ANSWER THESE QUESTIONS**

Please rate our ability to do the following activities in the last week by circling the number below the appropriate response.

	NO DIFFICULTY	MILD DIFFICULTY	MODERATE DIFFICULTY	SEVERE DIFFICULTY	UNABLE
1. Open a tight or new jar.	1	2	3	4	5
2. Write.	1	2	3	4	5
3. Turn a key.	1	2	3	4	5
4. Prepare a meal.	1	2	3	4	5
5. Push open a heavy door.	1	2	3	4	5
6. Place an object on a shelf above your head.	1	2	3	4	5
7. Do heavy household chores (ie., wash walls, wash floors).	1	2	3	4	5
8. Garden or do yard work.	1	2	3	4	5
9. Make a bed.	1	2	3	4	5
10. Carry a shopping bag or briefcase.	1	2	3	4	5
11. Carry a heavy object (over 10lbs).	1	2	3	4	5
12. Change a lightbulb overhead.	1	2	3	4	5
13. Wash or blow dry your hair.	1	2	3	4	5
14. Wash your back.	1	2	3	4	5
15. Put on a pullover sweater.	1	2	3	4	5
16. Use a knife to cut food.	1	2	3	4	5
17. Recreational activities which require little effort (ie., cardplaying, knitting, etc.).	1	2	3	4	5
18. Recreational activities in which you take some force or impact through your arm, shoulder or hand (ie., golf, hammering, tennis, etc.).	1	2	3	4	5
19. Recreational activities in which you move your arm freely (ie., playing frisbee, badminton, etc.)	1	2	3	4	5
20. Manage transportation needs (getting from one place to another).	1	2	3	4	5

	NOT AT ALL	SLIGHTLY	MODERATELY	QUITE A BIT	EXTREMELY
21. During the past week , to <i>what extent</i> has your arm, shoulder or hand problem interfered with your normal social activities with family, friends, neighbors or groups?	1	2	3	4	5

	NOT LIMITED AT ALL	SLIGHTLY LIMITED	MODERATELY LIMITED	VERY LIMITED	UNABLE
22. 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	2	3	4	5

Please rate the severity of the following symptoms in the last week.	NONE	MILD	MODERATE	SEVERE	EXTREME
23. Arm, shoulder or hand pain.	1	2	3	4	5
24. Arm, shoulder or hand pain when you performed any specific activity.	1	2	3	4	5
25. Tingling (pins and needles) in your arm, shoulder or hand.	1	2	3	4	5
26. Weakness in your arm, shoulder or hand.	1	2	3	4	5
27. Stiffness in your 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
28. During the past week , how much difficulty have you had sleeping because of the pain in your arm, shoulder or hand?	1	2	3	4	5

	STRONGLY DISAGREE	DISAGREE	NEITHER AGREE OR DISAGREE	AGREE	STRONGLY AGREE
29. I feel less capable, less confident or less useful because of my arm, shoulder or hand problem.	1	2	3	4	5

DASH DISABILITY/SYMPTOM SCORE = $\frac{(\text{sum of } n \text{ responses})}{n} - 1$ x 25, where n is equal to the number completed

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).

Please indicate what your job/work in: _____

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

Did you have any difficulty:	NO DIFFICULTY	MILD DIFFICULTY	MODERATE DIFFICULTY	SEVERE DIFFICULTY	UNABLE
1. Using your usual technique for your 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 play 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 instrument. (You may skip this section).

Did you have any difficulty:	NO DIFFICULTY	MILD DIFFICULTY	MODERATE DIFFICULTY	SEVERE 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

SCORING OPTIONAL MODULES: Add up assigned values for each response; divide by 4 (number of items); subtract 1; multiply by 25. **An optional module score may not be calculated if there are any missing items.**