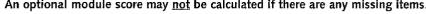
DISABILITIES OF THE ARM, SHOULDER AND HAND

WORK MODULE (OPTIONAL)					
The following questions ask about the impact of your arm, si	houlder or hand p	roblem on you	r ability to wor	k (including hor	memaking
if that is your main work role).					
Please indicate what your job/work is: ☐ I do not work. (You may skip this section.)					
- Tub Hot Work. (Tou may step this sectionly					
Please circle the number that best describes your physical abi	ility in the past we	ek. Did you ha	ive any difficul	ty:	
	NO DIFFICULTY	MILD DIFFICULTY	MODERATE DIFFICULTY	SEVERE DIFFICULTY	UNABLE
using your usual technique for your work?	1	2	3	4	5
2. doing your usual work because of arm,			er Stellering der		
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?		2.4	3	4	5
If you play more than one sport or instrument (or play both), you. Please indicate the sport or instrument which is most importa I do not play a sport or an instrument. (You may skip this Please circle the number that best describes your physical abil	ant to you: section.) ility in the past we	ek. Did you ha	ve any difficult	iy:	ortant to
MARKET PRICE ATTRICT WE COME OF COLUMN ATTRICT OF CHARLES AND	NO DIFFICULTY	MILD DIFFICULTY	MODERATE DIFFICULTY	SEVERE DIFFICULTY	UNABLE
using your usual technique for playing your instrument or sport?	1	2	3	4	5
playing your musical instrument or sport because of arm, shoulder or hand pain?	1	2	3	4	5
playing your musical instrument or sport as well as you would like?	1	2	3	4	5
4. spending your usual amount of time practising or playing your instrument or sport?				4 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	5 S

SCORING THE 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 <u>not</u> be calculated if there are any missing items.









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

		Monte property and the state of					
HEYA LAN		NO DIFFICULTY	MILD DIFFICULTY	MODERATE DIFFICULTY	SEVERE DIFFICULTY	UNABLE	
1.	Open a tight or new jar.	1	2	3	4	5	
2,	Welle,			1917 19 <mark>3</mark> 1 - 1942 1943 - 1948 - 1944 - 1944 - 1944 - 1944 - 1944 - 1944 - 1944 - 1944 - 1944 - 1944 - 1944 - 1944 - 1944 - 1944	4	5	
3.	Turn a key.	1	2	3	4	5	
4.	Prepare a meal.		2	3 3 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	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 (e.g., wash walls, wash floors).	1	2	3	4	5	
8.	Garden or do yard work		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 10 lbs).	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		4	5	
17.	Recreational activities which require little effort (e.g., 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 (e.g., golf, hammering, tennis, etc.).	1	2	3		5	
19.	Recreational activities in which you move your arm freely (e.g., playing frisbee, badminton, etc.).	1	2	3	4	5	
20.	Manage transportation needs (getting from one place to another).		2		4 - 4 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	5	
21.	Sexual activities.	1	2	3	4	5	

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		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, neighbours or groups? (circle number) 	1	2	3	4	5	
		NOT LIMITED AT ALL	SLIGHTLY LIMITED	MODERATELY LIMITED	VERY LIMITED	UNABLE
23.	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
Plea	se rate the severity of the following symptoms in the last we	ek. <i>(circle num</i>	nber)	a		
		NONE	MILD	MODERATE	SEVERE	EXTREME
24.	Arm, shoulder or hand pain.	1	2	3	4	5
5.	Arm, shoulder or hand pain when you performed any specific activity.		2		4	
26.	Tingling (pins and needles) in your arm, shoulder or hand.	1	2	3	4	5
27.	Weakness in your arm, shoulder or hand	eros 1 comuni	14 h 2 min	3	4 4	5.00
28. Stiffness in your arm, shoulder or hand.	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 SLEEF	
29.	 During the past week, how much difficulty have you had sleeping because of the pain in your arm, shoulder or hand' (circle number) 	?	2	3	4	5
· 	STRONGLY DISAGREE	DISAGREE	NEITHER AGREE NOR DISAGREE	AGREE	STRONGLY AGREE	
0.	I feel less capable, less confident or less useful because of my arm, shoulder or hand problem. (circle number)	1	2	a et en per en	4	5

A DASH score may not be calculated if there are greater than 3 missing items.