

FUNCTION OF THE ARM, SHOULDER, HAND

NAME _____ DATE _____ TOTAL _____ /125 = _____ %

Please rate your 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	NOT APPLICABLE
1. Prepare a meal	5	4	3	2	1	0
2. Push/Pull/Vacuum	5	4	3	2	1	0
3. Reach overhead	5	4	3	2	1	0
4. Reach out to side	5	4	3	2	1	0
5. Reach behind back	5	4	3	2	1	0
6. Do heavy household chores	5	4	3	2	1	0
7. Make a bed	5	4	3	2	1	0
8. Lift/Carry loads	5	4	3	2	1	0
9. Wash/Fix hair	5	4	3	2	1	0
10. Dressing (coats/sweatshirts)	5	4	3	2	1	0
11. Bath/Shower	5	4	3	2	1	0
12. Laundry	5	4	3	2	1	0
13. Drive	5	4	3	2	1	0
14. Recreational sports activities	5	4	3	2	1	0
15. Write	5	4	3	2	1	0
16. Open a jar/pop bottle	5	4	3	2	1	0
17. Turn a key	5	4	3	2	1	0
18. Eat	5	4	3	2	1	0
19. Pick up small objects (paperclips, coins)	5	4	3	2	1	0
20. Tie shoes	5	4	3	2	1	0
21. Computer	5	4	3	2	1	0
22. Door knobs	5	4	3	2	1	0
23. Car doors	5	4	3	2	1	0
24. Fasteners (buttons, snaps)	5	4	3	2	1	0
25. Use of tools (hammer, screwdriver)	5	4	3	2	1	0