

Name: _____

Date: _____

We are interested in knowing whether you are having difficulty at all with the activities listed below **because of your upper limb** problem for which you are currently seeking attention. Please provide an answer for each activity.

Today, *do you or would you* have any difficulty at all with:

	Extreme difficulty or totally unable (0 points each)	Quite a bit of difficulty (1 point each)	Moderate difficulty (2 points each)	A little bit of difficulty (3 points each)	No difficulty whatsoever (4 points each)
Any usual work, housework, or school activities					
Usual hobbies, rec or sporting activities					
Lifting a bag of groceries to waist level					
Lifting a bag of groceries above your head					
Grooming your hair					
Pushing up on your hands					
Preparing food (peel, cut)					
Driving					
Vacuuming, sweeping or raking					
Dressing					
Doing up buttons					
Using tools or appliances					
Opening doors					
Cleaning					
Tying or lacing shoes					
Sleeping					
Laundering clothes					
Opening a jar					
Throwing a ball					
Carrying a small suitcase with your affected limb					

Minimum Level of Detectable Change (90% Confidence): 9 points

SCORE: _____ / 80