

Alta Physical & Complementary Therapies Arm/ Elbow/ Shoulder/ Hand Index

Patient Name: _____ **Date:** _____

This questionnaire will give your physical therapist information about how your neck condition affects your everyday life. Please answer every section by marking the one statement that applies to you. If 2 or more statements one section apply, please mark the one statement that most closely describes your problem.

Activity	No Difficulty	Mild Difficulty	Moderate Difficulty	Severe Difficulty	Unable
Prepare a meal.					
Push open a heavy door.					
Place an object on a shelf above your head.					
Garden or do yard work.					
Make a bed.					
Carry a shopping bag or briefcase.					
Carry a heavy object (over 10 lb.).					
Change a light bulb overhead.					
Wash or blow dry your hair.					
Wash your back.					
Put on a pullover sweater.					
Recreational activities which requires little effort (i.e. knitting, cardplaying, etc.).					
Recreational activities which take some force or impact through your arm, elbow, shoulder or hand (i.e. golf, tennis, hammering, etc.).					
Recreational activities which move your arm freely (i.e. badminton, Frisbee, etc.).					
During the past week, how much difficulty have you had sleeping due to the pain in your arm, elbow, shoulder or hand?					

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Activity	None	Mild	Moderate	Severe	Extreme
Tingling (pins & needles) in your arms, elbows, shoulders or hands.					
Weakness in your arm, elbow, shoulder or hand.					
Stiffness in your arm, elbow, shoulder or hand.					