

QUICK DASH

Name: _____

Please state 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
1	Open a tight or new jar	1	2	3	4	5
2	Do heavy household chores (wash walls, floors)	1	2	3	4	5
3	Carry a shopping bag or briefcase	1	2	3	4	5
4	Wash your back	1	2	3	4	5
5	Use a knife to cut food	1	2	3	4	5
6	Recreational activities in which you take some force or impact through your arm, shoulder or hand (golf, hammering, tennis)	1	2	3	4	5

		Not at all	Slightly	Moderately	Quite a bit	Extremely
7	During the past week, to what extent has your arm, shoulder or hand problem interfered with your normal social activities?	1	2	3	4	5

		Not limited at all	Slightly limited	Moderately limited	Very limited	Unable
8	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

		None	Mild	Moderate	Severe	Extreme
9	Arm, shoulder or hand pain	1	2	3	4	5
10	Tingling (pins and needles) in your arm, shoulder or hand	1	2	3	4	5

		No difficulty	Mild difficulty	Moderate difficulty	Severe difficulty	So much that I can't sleep
11	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

PLEASE CONTINUE TO BACK

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 is: _____

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

Please **circle** the number that best describes your physical ability in the past week

Did you have 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, 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 an instrument (You may skip this section.)

Please **circle** the number that best describes your physical ability in the past week.

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

FOTO Patient Intake Elbow, Wrist, Hand

Name: _____

Date: _____

Please Read Carefully: Answer each question based on the **problem for which you are receiving treatment**. Mark which column best describes how you are able to do each activity. Please answer each question even if you do not do or have not done this activity. Make your best guess as to which response is most accurate.

Because of your affected elbow/ wrist/ hand do you or would you have any difficulty...	Extreme difficulty/ Unable to do	Quite a bit of difficulty	Moderate Difficulty	A little bit of difficulty	No Difficultly
1. Putting on a pullover sweater					
2. Turning a key					
3. Carrying a small suitcase					
4. Washing your back					
5. Carrying a shopping bag or briefcase					
6. Heavy household chores (i.e washing windows or floors)					
7. Laundering clothes (i.e washing, ironing, folding)					
8. Doing up buttons					
9. Opening a tight or new jar					
10. Opening doors					