

The Elbow, Wrist, Hand Functional Status 10-Item Short Form

The following assessment will ask you about difficulties you may have with certain activities. It is an important part of your evaluation. It will help us:

- understand how your condition is affecting your activities, and
- develop treatment goals with you.

Please answer the questions with respect to the problem for which we are seeing you. Respond based on how you have been over the past few days.

	Extreme difficulty or unable to perform activity	Quite a bit of difficulty	Moderate Difficulty	A little bit of difficulty	No difficulty
Are you having any difficulty putting on a pullover sweater?	1	2	3	4	5
Are you having any difficulty turning a key?	1	2	3	4	5
Are you having any difficulty carrying a small suitcase?	1	2	3	4	5
Are you having any difficulty washing your back?	1	2	3	4	5
Are you having any difficulty carrying a shopping bag or briefcase?	1	2	3	4	5
Are you having any difficulty doing heavy household chores (eg, washing windows or floors)?	1	2	3	4	5
Are you having any difficulty laundering clothes (eg, washing, ironing, folding)?	1	2	3	4	5
Are you having any difficulty doing up buttons?	1	2	3	4	5
Are you having any difficulty opening a tight or new jar?	1	2	3	4	5
Are you having any difficulty opening doors?	1	2	3	4	5