

Have you had difficulty with any of the following activities over the PAST 7 DAYS because of an ache

or pain in the elbow, forearm, wrist or hand?

	Yes	No	Not applicable
a. Carrying bags	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Getting dressed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Opening doors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Getting things down from high shelves	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Fastening your clothing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Heavy jobs around the house	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Moving your arm(s) or hand(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Undoing lids on bottles or jars	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Writing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. Driving	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k. Sleeping	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>