

Patient Name: _____ Date: _____

The questions below will help us understand how much difficulty you have had with your wrist/hand in the past week. You will be describing your **average** wrist/hand symptoms **over the past week** on a scale of 0-10. Please provide an answer for ALL questions.

If you did not perform an activity, please **ESTIMATE** the pain or difficulty you would expect. If you have **never** performed the activity, you may leave it blank.

1. PAIN

Rate the average amount of pain in your wrist/hand over the past week by circling the number that best describes your pain on a scale from 0-10. A zero (0) means that you did not have any pain and a ten (10) means that the pain is the worst possible (i.e. worst you have ever experienced or that you could not do the activity because of pain).

| RATE YOUR PAIN | None | | | | | | | | | | Worst |
|--|------|---|---|---|---|---|---|---|---|----|-------|
| At rest | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | |
| While doing a task with a repeated wrist/hand movement | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | |
| When lifting a heavy object | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | |
| When it is at its worst | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | |

| | Never | | | | | | | | | | Always |
|-----------------------------|-------|---|---|---|---|---|---|---|---|----|--------|
| How often do you have pain? | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | |

Additional Patient Notes/Comments: _____

continued on reverse side

2. FUNCTION

A. SPECIFIC ACTIVITIES

Rate the **amount of difficulty** you experienced performing each of the items listed below – over the past week, by circling the number that describes your difficulty on a scale of 0-10. A **zero** (0) means you did not experience any difficulty and a **ten** (10) means it was so difficult you were unable to do it at all.

| | No Difficulty | | | | | | | | | | Unable To Do |
|--|------------------|---|---|---|---|---|---|---|---|----|-----------------|
| Tum a door knob using my affected hand | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | |
| Cut meat using a knife in my affected hand | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | |
| Fasten buttons on my shirt | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | |
| Use my affected hand to push up from a chair | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | |
| Carry a 10 lb. object in my affected hand | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | |
| Use bathroom tissue with my affected hand | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | |

B. USUAL ACTIVITIES

Rate the **amount of difficulty** you experienced performing your **usual** activities in each of the areas listed below, over the past week, by circling the number that best describes your difficulty on a scale of 0-10. By “*usual activities*”, we mean the activities you performed **before** you started having a problem with your wrist/hand. A **zero** (0) means that you did not experience any difficulty and a **ten** (10) means it was so difficult you were unable to do any of your usual activities.

| | No Difficulty | | | | | | | | | | Unable To Do |
|--|------------------|---|---|---|---|---|---|---|---|----|-----------------|
| Personal care activities (dressing, washing) | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | |
| Household work (cleaning, maintenance) | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | |
| Work (your job or usual everyday work) | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | |
| Recreational activities | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | |

3. APPEARANCE (Optional)

How important is the appearance of your hand? Very Much Somewhat Not At All

| | No Dissatisfaction | | | | | | | | | | Complete Dissatisfaction |
|--|-----------------------|---|---|---|---|---|---|---|---|----|-----------------------------|
| Rate how dissatisfied you were with the appearance of your wrist/hand during the past week | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | |

Additional Comments: _____
