

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	0	1	2	3	4	5	6	7	8	9	10
While doing a task with a repeated wrist/hand movement	0	1	2	3	4	5	6	7	8	9	10
When lifting a heavy object	0	1	2	3	4	5	6	7	8	9	10
When it is at its worst	0	1	2	3	4	5	6	7	8	9	10

  

	Never										Always
How often do you have pain?	0	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
Turn a door knob using my affected hand	0	1	2	3	4	5	6	7	8	9	10
Cut meat using a knife in my affected hand	0	1	2	3	4	5	6	7	8	9	10
Fasten buttons on my shirt	0	1	2	3	4	5	6	7	8	9	10
Use my affected hand to push up from a chair	0	1	2	3	4	5	6	7	8	9	10
Carry a 10 lb. object in my affected hand	0	1	2	3	4	5	6	7	8	9	10
Use bathroom tissue with my affected hand	0	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)	0	1	2	3	4	5	6	7	8	9	10
Household work (cleaning, maintenance)	0	1	2	3	4	5	6	7	8	9	10
Work (your job or usual everyday work)	0	1	2	3	4	5	6	7	8	9	10
Recreational activities	0	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	0	1	2	3	4	5	6	7	8	9	10

---

Additional Comments: \_\_\_\_\_

---