

Name: \_\_\_\_\_

Date: \_\_\_\_\_

## **PATIENT RATED WRIST/HAND EVALUATION**

*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.*

<b>1. PAIN</b>											
<i>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).</i>											
<b>RATE YOUR PAIN:</b>	None									Worst	
At rest	0	1	2	3	4	5	6	7	8	9	10
When 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
How often do you have pain?	0   1   2   3   4   5   6   7   8   9   10 Never <span style="float: right;">Always</span>										

**Please turn the page.....**

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 10lb 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.

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

APPEARANCE- OPTIONAL

How important is the appearance of your hand?     Very Much     Somewhat     Not at all

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
No					Complete					
Dissatisfaction					Dissatisfaction					

Any other comments?