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

 ID - Name

The questions below will help us understand how much pain and difficulty you have had because of your affected wrist/hand in the past week. **Circle the answer that you think is best.**

|  |
| --- |
| Rate the amount of pain in your wrist/hand. A zero (0) means that you did not have any pain and a ten (10) means that you had the worst possible pain.  |
| PAIN when…. | **NO PAIN (0) WORST POSSIBLE (10)** |
| 1. at rest
 | 0 1 2 3 4 5 6 7 8 9 10 |
| 1. doing a task with a repeated wrist/hand movement
 | 0 1 2 3 4 5 6 7 8 9 10 |
| 1. lifting a heavy object
 | 0 1 2 3 4 5 6 7 8 9 10 |
| 1. at its worst
 | 0 1 2 3 4 5 6 7 8 9 10 |
| 1. How often do you have pain?
 | 0 1 2 3 4 5 6 7 8 9 10**(never)** (**always)** |
| Rate how difficult it was doing the things listed below, this week. A zero (0) means it was not difficult at all and a ten (10) means it was so difficult you were unable to do it.  |
| SPECIFIC ACTIVITIES | **NOT DIFFICULT (0) UNABLE** |
| 1. Fasten buttons on your shirt?
 | 0 1 2 3 4 5 6 7 8 9 10 |
| 1. Cut meat (or vegetables) using a knife?
 | 0 1 2 3 4 5 6 7 8 9 10 |
| 1. Turn a door knob with your affected hand
 | 0 1 2 3 4 5 6 7 8 9 10 |
| 1. Use your affected hand to push up from a chair?
 | 0 1 2 3 4 5 6 7 8 9 10 |
| 1. Carry a heavy object in your affected hand?
 | 0 1 2 3 4 5 6 7 8 9 10 |
| 1. Use bathroom tissue with your affected hand?
 | 0 1 2 3 4 5 6 7 8 9 10 |
| USUAL ACTIVITIES- Rate how difficult it was doing your usual activities, this week. By usual activities, we mean what you did before you started having a problem with your wrist/hand. |
| 1. Personal care activities (like dressing/washing)
 | 0 1 2 3 4 5 6 7 8 9 10 |
| 1. Household work (like cleaning or maintenance)
 | 0 1 2 3 4 5 6 7 8 9 10 |
| 1. Work (your job or other work)
 | 0 1 2 3 4 5 6 7 8 9 10 |
| 1. Recreational activities
 | 0 1 2 3 4 5 6 7 8 9 10 |

 ***OTHER CONCERNS***:

1. How important is the appearance of your hand to you?

 Very Important Somewhat Important Not Important

1. How much did the appearance of your wrist/hand bother you, in the past week?

0 1 2 3 4 5 6 7 8 9 10

Not at all Worst possible

1. Do you have any other concerns?