

ID - Name

Date: _____

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. 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
2. doing a task with a repeated wrist movement	0	1	2	3	4	5	6	7	8	9	10
3. lifting a heavy object	0	1	2	3	4	5	6	7	8	9	10
4. at its worst	0	1	2	3	4	5	6	7	8	9	10
5. <u>How often</u> 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					
6. Fasten buttons on your shirt?	0	1	2	3	4	5	6	7	8	9	10
7. Cut meat (or vegetables) using a knife?	0	1	2	3	4	5	6	7	8	9	10
8. Turn a door knob with your affected hand	0	1	2	3	4	5	6	7	8	9	10
9. Use your affected hand to push up from a chair?	0	1	2	3	4	5	6	7	8	9	10
10. Carry a heavy object in your affected hand?	0	1	2	3	4	5	6	7	8	9	10
11. 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.

12. Personal care activities (like dressing/washing)	0	1	2	3	4	5	6	7	8	9	10
13. Household work (like cleaning or maintenance)	0	1	2	3	4	5	6	7	8	9	10
14. Work (your job or other work)	0	1	2	3	4	5	6	7	8	9	10
15. Recreational activities	0	1	2	3	4	5	6	7	8	9	10