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/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
2. doing a task with a repeated wrist/hand 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. How **often** do you have pain?	0 **(never)**	1	2	3	4	5	6	7	8	9	10 (**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

OTHER CONCERNS:

1. How important is the appearance of your hand to you?
   - □ Very Important
   - □ Somewhat Important
   - □ Not Important

2. 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

3. Do you have any other concerns?