

# WAYNE PHYSICAL THERAPY & SPINE CENTER

223 Wanaque Avenue, Suite 302 • Pompton Lakes, NJ 07442 • v. 973.839.6801 • f. 973.839.7293 • physicaltherapy@waynept.com

Barry G. Inglett, P.T., Cert. MDT  
Catherine Laico, P.T., O.C.S. Cert. MDT

www.waynept.com

Board Certified Orthopedic Specialists  
Certified McKenzie Spinal Therapists  
Certified Hand Therapist

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.

1. PAIN											
<p>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).</p>											
RATE YOUR PAIN:	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										Always

**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 Dissatisfaction Complete Dissatisfaction

Any other comments?