

Wayne Physical Therapy & Spine Center

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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											
<p>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.</p>											
	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											
<p>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.</p>											
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? <input type="checkbox"/> Very Much <input type="checkbox"/> Somewhat <input type="checkbox"/> 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?											