

Name: \_\_\_\_\_

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

## PATIENT RATED WRIST EVALUATION

The questions below will help us understand how much difficulty you have had with your wrist in the past week. You will be describing your **average** wrist 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.

<b>1. PAIN</b>											
<p>Rate the <b>average</b> amount of pain in your wrist over the past week by circling the number that best describes your pain on a scale from 0-10. A zero (<b>0</b>) means that you <b>did not</b> have any pain and a <b>ten (10)</b> means that you had the <b>worst pain you have ever experienced</b> or that <b>you could not do the activity because of pain</b>.</p>											
<p>RATE YOUR PAIN: Sample Scale </p>											
	0	1	2	3	4	5	6	7	8	9	10
	No Pain									Worst Ever	
At rest	0	1	2	3	4	5	6	7	8	9	10
When doing a task with a repeated wrist 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	

<b>2. FUNCTION</b>											
<b>A. SPECIFIC ACTIVITIES</b>											
<p>Rate the <b>amount of difficulty</b> 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 <b>zero (0)</b> means you did not experience any difficulty and a <b>ten (10)</b> means it was so difficult you were unable to do it at all.</p>											
<p>Sample scale →</p>											
	0	1	2	3	4	5	6	7	8	9	10
	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>B. USUAL ACTIVITIES</b>											
<p>Rate the <b>amount of difficulty</b> you experienced performing your <b>usual</b> 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 <b>before</b> you started having a problem with your wrist. A <b>zero (0)</b> means that you did not experience any difficulty and a <b>ten (10)</b> 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