he questions below will help us understand how mount ou will be describing your average wrist symptoms	s over the pa	st	wee	k o	n a	sca	ile c	of O-	10.	PI	ease pro
nswer for ALL questions. If you did not perform ar xpect. If you have never performed the activity, yo	ou may leave	it b	lank	i iiwi	A 1 1	E In	g p	a ins	or o	at InC	uity you
1. PAIN											
Rate the average amount of pain in your wrist or describes your pain on a scale from 0-10. A zero (0) means that you had the worst pain you have ever export pain.	neans that you	did	not	t har	ve a	ny r	nisc	and	at	en (10)
RATE YOUR PAIN: Sample Scale **	No Pain 0	1	2	3	4	5	6	7	8	9,	10 /orst Eve
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 Never	1	2	3	4	5	6	7	8		10 Always
FUNCTION A. SPECIFIC ACTIVITIES Rate the amount of difficulty you experienced persent by circling the number that describes your difficulty.	edorming each	of t	her it	em:	s list	(ed l	belo me	w -	ove voi	r the	past not
A SPECIFIC ACTIVITIES	ity on a scale i	of 0 wen	-10.	A:	zero	(0)	me	ans	ove you	r the did	not 10 Unable
A. SPECIFIC ACTIVITIES Rate the amount of difficulty you experienced peweek. by circling the number that describes your difficulty experience any difficulty and a ten (10) means it was sample scale.	ilty on a scale of to difficult you i	of 0 wen	-10.	A : able	zero	(0)	me at 6	ans	ove you a	r the did	not 10 Unable
A SPECIFIC ACTIVITIES Rate the amount of difficulty you experienced perseek. By circling the number that describes your difficulty experience any difficulty and a ten (10) means if was supplied scale.	o difficult you of No Difficulty	of 0 wen	2 2	A : able	to 4	(0) do 1	me at 6	ans all. 7	8	9 9 9	not 10 Unable To Do
A SPECIFIC ACTIVITIES Rate the amount of difficulty you experienced perweek, by circling the number that describes your difficulty experience any difficulty and a ten (10) means it was a sample scale Turn a door knob using my affected hand Cut meat using a knife in my affected hand	o difficult you of No Difficulty	of 0 wen	2 2	A : able	to 4	5 5	me 6	ans all. 7	8 8	9	10 Unable To Do
A SPECIFIC ACTIVITIES Rate the amount of difficulty you experienced perseek. By circling the number that describes your difficulty experience any difficulty and a ten (10) means if was sometimes are seen to be seen to b	o difficult you of No Difficulty	of 0 wen	2 2	3 3	4	5 5	6 6	7 7	8 8	9	10 Unable To Do
Rate the amount of difficulty you experienced perseek. By circling the number that describes your difficulty and a ten (10) means if was a sample scale. Turn a door knob using my affected hand. Cut meat using a knife in my affected hand. Fasten buttons on my shirt. Use my affected hand to push up from a chair.	o difficult you of No Difficulty 0 0 0 0 0 0 0	of 0 wen	2 2 2	3 3 3	4 4 4	5 5 5	6 6	7 7 7	8 8 8	9 9	not 10 Unable To Do 10 10
A. SPECIFIC ACTIVITIES Rate the amount of difficulty you experienced peweek. by circling the number that describes your difficulty and a ten (10) means it was s	o difficult you of No Difficulty O No Difficulty O O O O O O O O	1 1 1 1 1 1	2 2 2	3 3 3 3 3	4 4 4 4 4	5 5 5 5 5	6 6 6 6	7 7 7 7	8 8 8 8	9 9 9	10 Unable To Do 10 10
A SPECIFIC ACTIVITIES Rate the amount of difficulty you experienced perweek. By circling the number that describes your difficulty experience any difficulty and a ten (10) means if was sometimes as the scale. Sample scale Turn a door knob using my affected hand. Cut meat using a knife in my affected hand. Fasten buttons on my shirt. Use my affected hand to push up from a chair. Carry a 10b object in my affected hand.	No Difficulty 0 0 0 0 0 0 0 0 0	1 1 1 1 1 1	2 2 2 2 2	3 3 3 3 3	4 4 4 4 4	5 5 5 5 5	6 6 6 6	7 7 7 7 7 7	8 8 8 8 8	9 9 9 9	10 Unable To Do 10 10 10
A SPECIFIC ACTIVITIES Rate the amount of difficulty you experienced perweek. By circling the number that describes your difficulty and a ten (10) means if was a sample scale. Turn a door knob using my affected hand. Cut meat using a knife in my affected hand. Fasten buttons on my shirt. Use my affected hand to push up from a chair. Carry a 10b object in my affected hand. Use bathroom tissue with my affected hand.	No Difficulty No Difficulty O No Difficulty O O O O O O O O O O O O O O O O O O	of Oovern	2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	3 3 3 3 3 3 3 chivit flict.	4 4 4 4 4 bessitty	5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6	ans all. 7 7 7 7 7 7 7 7 7 7 7	8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8	9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9	10 Unable To Do 10 10 10 10
Rate the amount of difficulty you experienced perweek, by circling the number that describes your difficulty experience any difficulty and a ten (10) means it was a sample scale. Turn a door knob using my affected hand. Cut meat using a knife in my affected hand. Fasten buttons on my shirt. Use my affected hand to push up from a chair. Carry a 10b object in my affected hand. Use bathroom tissue with my affected hand. B. USUAL ACTIVITIES. Rate the amount of difficulty you experienced perbelow, over the past week, by circling the number that activities, we mean the activities you performed before means that you did not experience any difficulty and a	No Difficulty No Difficulty O No Difficulty O O O O O O O O O O O O O O O O O O	of Oovern	2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	3 3 3 3 3 3 3 chivit flict.	4 4 4 4 4 bessitty	5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6	ans all. 7 7 7 7 7 7 7 7 7 7 7	8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8	9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9	10 Unable To Do 10 10 10 10
Rate the amount of difficulty you experienced persperience any difficulty and a ten (10) means it was a sample scale Furn a door knob using my affected hand Cut meat using a knife in my affected hand Fasten buttons on my shirt Use my affected hand to push up from a chair Carry a 10b object in my affected hand Use bathroom tissue with my affected hand B USUAL ACTIVITIES Rate the amount of difficulty you experienced perspector, over the past week, by circling the number that activities, we mean the activities you performed before the any of your usual activities. Personal care activities (dressing, washing)	No Difficulty No Difficulty No Difficulty 0 0 0 0 0 0 ordorning your abset describes eyou started hear (10) mean.	of Oovern	2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	3 3 3 3 3 3 3 striction	description	5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	me at 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6	ans all. 7 7 7 7 7 7 7 7 7 7 7	8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8	9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9	10 Unable To Do 10 10 10 10 10
Rate the amount of difficulty you experienced perseek. By circling the number that describes your difficulty and a ten (10) means if was a sample scale. Turn a door knob using my affected hand. Cut meat using a knife in my affected hand. Fasten buttons on my shirt. Use my affected hand to push up from a chair. Carry a 10b object in my affected hand. Use bathroom tissue with my affected hand. B. USUAL ACTIVITIES. Rate the amount of difficulty you experienced persectivities. We mean the activities you performed before means that you did not expenence any difficulty and a any of your usual activities.	No Difficulty No Difficulty O No Difficulty O O O O O O O O O O O O O O O O O O	of Oovern	2 2 2 2 2 2 2 2 2 2 2 2	3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3	description of the second of t	5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6	ans all. 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8	9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9	10 Unable To Do 10 10 10 10 10 10 10 10 10 10 10 10 10

Date: ____

Name: