

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.

1. PAIN

Rate the **average** 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 (0) means that you **did not** have any pain and a ten (10) means that you had the **worst pain you have ever experienced** or that **you could not do the activity because of pain**.

RATE YOUR PAIN: Sample Scale ↔

	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
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When doing a task with a repeated wrist movement	0	1	2	3	4	5	6	7	8	9	10
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When lifting a heavy object	0	1	2	3	4	5	6	7	8	9	10
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When it is at its worst	0	1	2	3	4	5	6	7	8	9	10
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How often do you have pain?	0	1	2	3	4	5	6	7	8	9	10
	Never										
	Always										

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.

Sample scale ↔

	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
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Cut meat using a knife in my affected hand	0	1	2	3	4	5	6	7	8	9	10
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Fasten buttons on my shirt	0	1	2	3	4	5	6	7	8	9	10
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Use my affected hand to push up from a chair	0	1	2	3	4	5	6	7	8	9	10
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Carry a 10lb object in my affected hand	0	1	2	3	4	5	6	7	8	9	10
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Use bathroom tissue with my affected hand	0	1	2	3	4	5	6	7	8	9	10
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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. 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
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Household work (cleaning, maintenance)	0	1	2	3	4	5	6	7	8	9	10
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Work (your job or usual everyday work)	0	1	2	3	4	5	6	7	8	9	10
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Recreational activities	0	1	2	3	4	5	6	7	8	9	10
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