Hand Profile

RATE YOUR PAIN

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)

At	116	

No	ne									Worst
0	1	2	3	4	5	6	7	8	9	10
Wh	nen doing	a task	with a	repeate	d wrist	/hand	moveme	ent		
No	ne									Worst
0	1	2	3	4	5	6	7	8	9	10
WH	When lifting a heavy object									
Noi	ne									Worst
0	1	2	3	4	5	6	7	8	9	10
When it is at its worst										
Non	ne									Worst
0	1	2	3	4	5	6	7	8	9	10
Ho	w often o	do you l	nave pa	in						
Nev	/er									Always
0	1	2	3	4	5	6	7	8	9	10

SPECIFIC ACTIVITIES

No Difficulty

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

Unable To Do

Turn a door knob using my affected hand

30	0 0111	icuity									Ollable 10 Do	
0		1	2	3	4	5	6	7	8	9	10	
C	Cut meat using a knife in my affected hand											
N	lo Diff	iculty									Unable To Do	
0		1	2	3	4	5	6	7	8	9	10	
F	Fasten buttons on my shirt											
N	lo Diff	iculty									Unable To Do	
0		1	2	3	4	5	6	7	8	9	10	
U	Use my affected hand to push up from a chair											
N	lo Diff	iculty									Unable To Do	
0		1	2	3	4	5	6	7	8	9	10	
Carry a 10lb object in my affected hand												
N	o Diff	iculty									Unable To Do	
0		1	2	3	4	5	6	7	8	9	10	

5 6 **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) No Difficulty Unable To Do Household work (cleaning, maintenance) No Difficulty Unable To Do Work (your job or usual everyday work) No Difficulty Unable To Do Recreational activities No Difficulty Unable To Do 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. No Dissatisfaction Complete Dissatisfaction

Use bathroom tissue with my affected hand

No Difficulty

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Unable To Do