Patient Rated Wrist Evaluation

Rate the average amount of pain/difficulty you have had in your wrist over the past week by circling the number from 0 (no pain or difficulty) to 10 (the worst pain you have ever experienced or you could not do the task).

Wordt paint you have over experienced or you could not	, C	<u> </u>	<u> </u>								
PAIN:											
At rest	0	1	2	3	4	5	6	7	8	9	10
 When doing a task with repeat 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		9	10
How often do you have pain?	0	1	2	3	4	5	6	7	8	9	10
FUNCTIONSPECIFIC ACTIVITIES:											
 Turn 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		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 10-lb 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
FUNCTIONUSUAL ACTIVITIES:											
 Personal care activities (dressing, washing) 	0	1	2	3	4	5	6	7	8	9	10
Household work (cleaning)	0	1	2	3	4	5	6	7	8	9	10
 Work (your job or 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
Score:											
Pain subscale:	/5	-									
Functional subscale (total divided by 2):	/5	-									
Total PRWE score:		00									
Scoring: Each section can be summated individually or											
can be calculated & scored as percentages. For either method, the higher											

Source: Adapted from Lewis, C, Wilk, K, Wright, R. The Orthopedic Outcomes toolbox. Virginia: Learn Publications.

the score, the poorer the outcome.