Hand Profile

RATE YOUR PAIN

Rate the average amount of pain in your wrist and/or hand over the past week by selecting 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 due to pain).

At rest:

0 (No pain) 1 2 3 4 5 6 7 8 9 10 (Worst pain possible)

When doing a task with a repeated wrist/hand movement:

0 (No pain) 1 2 3 4 5 6 7 8 9 10 (Worst pain possible)

When lifting a heavy object:

0 (No pain) 1 2 3 4 5 6 7 8 9 10 (Worst pain possible)

When it is at its worst:

0 (No pain) 1 2 3 4 5 6 7 8 9 10 (Worst pain possible)

How often do you experience pain?

SPECIFIC ACTIVITIES

Rate the amount of difficulty you experienced performing each of the tasks below over the past week by selecting 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 the task at all.

Turning a door knob using my affected hand:

0 (No difficulty) 1 2 3 4 5 6 7 8 9 10 (Unable to do)

Using a knife to chop with my affected hand:

0 (No difficulty) 1 2 3 4 5 6 7 8 9 10 (Unable to do)

Fastening buttons on my clothing:

0 (No difficulty) 1 2 3 4 5 6 7 8 9 10 (Unable to do)

Using my affected hand to push up from a chair:

0 (No difficulty) 1 2 3 4 5 6 7 8 9 10 (Unable to do)

Carrying a heavy object in my affected hand:

0 (No difficulty) 1 2 3 4 5 6 7 8 9 10 (Unable to do)

Using bathroom tissue with my affected hand:

0 (No difficulty) 1 2 3 4 5 6 7 8 9 10 (Unable to do)

USUAL ACTIVITIES

Rate the average amount of pain in your wrist and/or hand over the past week by selecting 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 due to pain).

Personal care activities (e.g., dressing, bathing):

0 (No difficulty) 1 2 3 4 5 6 7 8 9 10 (Unable to do)

Household work (e.g., cleaning, maintenance):

0 (No difficulty) 1 2 3 4 5 6 7 8 9 10 (Unable to do)

Performing duties at work:

0 (No difficulty) 1 2 3 4 5 6 7 8 9 10 (Unable to do)

Recreational activities:

0 (No difficulty) 1 2 3 4 5 6 7 8 9 10 (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:

0 (No dissatisfaction) 1 2 3 4 5 6 7 8 9 10 (Complete dissatisfaction)