

NAME: _____ DOB: _____ TODAY'S DATE: _____

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 Rest

Best
0 1 2 3 4 5 6 7 8 9 Worst
10

When doing a task with a repeated wrist/hand movement

Best
0 1 2 3 4 5 6 7 8 9 Worst
10

When lifting a heavy object

Best
0 1 2 3 4 5 6 7 8 9 Worst
10

When it is at its worst

Best
0 1 2 3 4 5 6 7 8 9 Worst
10

How often do you have pain

Never
0 1 2 3 4 5 6 7 8 9 Always
10

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.

Turn a door knob using my affected hand

No Difficulty
0 1 2 3 4 5 6 7 8 9 Unable to Do
10

Cut meat using a knife in my affected hand

No Difficulty
0 1 2 3 4 5 6 7 8 9 Unable to Do
10

Fasten buttons on my shirt

No Difficulty
0 1 2 3 4 5 6 7 8 9 Unable to Do
10

NAME: _____ DOB: _____ TODAY'S DATE: _____

Use my affected hand to push up from a chair

No Difficulty
0 1 2 3 4 5 6 7 8 9 Unable to Do
10

Carry a 10lb object in my affected hand

No Difficulty
0 1 2 3 4 5 6 7 8 9 Unable to Do
10

Use bathroom tissue with my affected hand

No Difficulty
0 1 2 3 4 5 6 7 8 9 Unable to Do
10

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 ten (10) means it was so difficult you were unable to do any of your usual activities.

Personal care activities (dressing, washing)

No Difficulty
0 1 2 3 4 5 6 7 8 9 Unable to Do
10

Household work (cleaning, maintenance)

No Difficulty
0 1 2 3 4 5 6 7 8 9 Unable to Do
10

Work (your job or usual everyday work)

No Difficulty
0 1 2 3 4 5 6 7 8 9 Unable to Do
10

Recreational activities

No Difficulty
0 1 2 3 4 5 6 7 8 9 Unable to Do
10

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
0 1 2 3 4 5 6 7 8 9 Complete Dissatisfaction
10