

OCS Rehab: Patient Rated Wrist and Hand Evaluation

Name: _____

Date: _____

The questions below will help us understand how much difficulty you have had with your wrist/hand in the past week. You will be describing your **average** wrist/hand 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 hand/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**.

At rest	0 1 2 3 4 5 6 7 8 9 10
When doing a task with repeated wrist / hand 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 its at its worst	0 1 2 3 4 5 6 7 8 9 10
How often do you have pain (0= never 10= always)	0 1 2 3 4 5 6 7 8 9 10

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 best 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 doorknob using my affected hand	0 1 2 3 4 5 6 7 8 9 10
Cut meat using knife in my affected hand	0 1 2 3 4 5 6 7 8 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 pound 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

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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 that you performed **before** you started having a problem with your hand and wrist. A **zero** (0) means 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 Activities (Washing, Dressing)	0 1 2 3 4 5 6 7 8 9 10
Household Maintenance	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

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 1 2 3 4 5 6 7 8 9 10

No

Complete