Hand/Wrist Index

TherapySOUTH

Patient Name _____ Date _____

This questionnaire asks about your pain as well as your ability to perform certain activities. Please answer every question, based on your condition in the last week. If you did not perform something, please make your best estimate.

PAIN

Rate your pain:	None 0	1	2	3	4	5	6	7	8	9	Worst 10
At rest	❍	❍	❍	❍	❍	❍	❍	❍	❍	❍	❍
When doing a task with a repeated wrist/hand movement	❍	❍	❍	❍	❍	❍	❍	❍	❍	❍	❍
When lifting a heavy object	❍	❍	❍	❍	❍	❍	❍	❍	❍	❍	❍
When pain is at its worst	❍	❍	❍	❍	❍	❍	❍	❍	❍	❍	❍

	Never										Always
How often do you have pain?	❍	❍	❍	❍	❍	❍	❍	❍	❍	❍	❍

FUNCTION

Rate your difficulty:	None 0	1	2	3	4	5	6	7	8	9	Unable To Do 10
Turn a door knob using my affected hand	❍	❍	❍	❍	❍	❍	❍	❍	❍	❍	❍
Cut food or use utensils	❍	❍	❍	❍	❍	❍	❍	❍	❍	❍	❍
Fasten buttons on my shirt	❍	❍	❍	❍	❍	❍	❍	❍	❍	❍	❍
Use my affected hand to push up from a chair	❍	❍	❍	❍	❍	❍	❍	❍	❍	❍	❍
Carry a 10 lb. object in my affected hand	❍	❍	❍	❍	❍	❍	❍	❍	❍	❍	❍
Toileting tasks with my affected hand	❍	❍	❍	❍	❍	❍	❍	❍	❍	❍	❍
Personal care activities (dressing, washing)	❍	❍	❍	❍	❍	❍	❍	❍	❍	❍	❍
Household work (cleaning, maintenance)	❍	❍	❍	❍	❍	❍	❍	❍	❍	❍	❍
Work (your job or usual everyday work)	❍	❍	❍	❍	❍	❍	❍	❍	❍	❍	❍
Recreational activities	❍	❍	❍	❍	❍	❍	❍	❍	❍	❍	❍

APPEARANCE - Optional

Rate your satisfaction during the past week:	No Dissatisfaction 0	1	2	3	4	5	6	7	8	9	Complete Dissatisfaction 10
With the appearance of your wrist/hand	❍	❍	❍	❍	❍	❍	❍	❍	❍	❍	❍

How important is the appearance of your hand? ❍ Very Much ❍ Somewhat ❍ Not at all

DOMINANT HAND

❍ Right
❍ Left
❍ Both

TO BE COMPLETED BY TherapySouth:

$$\text{Sum of Pain Score} + \frac{\text{Sum of Function Score}}{2} = \text{Hand/Wrist Index Score}$$