

Industrial Physical Therapy, Inc.

Patient-Rated Wrist Evaluation

Name: _____ **Signature:** _____ **Date:** _____

The questions below will help us understand how much difficulty you have had with your wrist in the past week. You will be describing your average wrist symptoms over the past week on a scale of 0 to 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 never performed an activity, you may leave it blank.

PAIN - Rate the average amount of pain in your wrist over the past week by circling the number that best describes your pain on a scale of 0 to 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 or that you could not do the activity because of pain

Rate Your Pain:	Never										Always
At Rest	0	1	2	3	4	5	6	7	8	9	10
When doing a task with a repeated 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	8	9	10
How often do you have pain	0	1	2	3	4	5	6	7	8	9	10

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 to 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.

	No Difficulty										Unable To Do
Turn a door knob using my affected hand	0	1	2	3	4	5	6	7	8	9	10
Cut meat using a knife with 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 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

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 to 10. By "usual activities," we mean the activities you performed before you started having a problem with your wrist. A zero (0) means that 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.

	No Difficulty										Unable To Do
Personal care activities (dressing, washing, etc.)	0	1	2	3	4	5	6	7	8	9	10
Household work (cleaning, maintenance, etc.)	0	1	2	3	4	5	6	7	8	9	10
Work (your job or usual 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