

Industrial Physical Therapy, Inc.

Alderson-McGall Hand Function Questionnaire

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

We would like to know how your condition affects your ability to do things. Please circle the number on the scale that shows how you feel you can do the following tasks.

We would like to know how you do each task:

- *Right now
- *Without help from devices (such as splints or jar openers) or people
- *Without a lot of effort

ACTIVITY	No Difficulty		Some Difficulty			Unable To Do		Does Not Apply
1. Use a screwdriver	7	6	5	4	3	2	1	<input type="checkbox"/>
2. Wring out cloth	7	6	5	4	3	2	1	<input type="checkbox"/>
3. Do up & undo buttons	7	6	5	4	3	2	1	<input type="checkbox"/>
4. Style hair	7	6	5	4	3	2	1	<input type="checkbox"/>
5. Hold a steering wheel	7	6	5	4	3	2	1	<input type="checkbox"/>
6. Open packaged goods	7	6	5	4	3	2	1	<input type="checkbox"/>
7. Saw wood by hand	7	6	5	4	3	2	1	<input type="checkbox"/>
8. Use a manual can opener	7	6	5	4	3	2	1	<input type="checkbox"/>
9. Carry a full pot by handle	7	6	5	4	3	2	1	<input type="checkbox"/>
10. Wax floors	7	6	5	4	3	2	1	<input type="checkbox"/>
11. Shovel	7	6	5	4	3	2	1	<input type="checkbox"/>
12. Do up & undo snaps	7	6	5	4	3	2	1	<input type="checkbox"/>
13. Type/use keyboard	7	6	5	4	3	2	1	<input type="checkbox"/>
14. Hammer nails	7	6	5	4	3	2	1	<input type="checkbox"/>
15. Sweep	7	6	5	4	3	2	1	<input type="checkbox"/>
16. Cut meat	7	6	5	4	3	2	1	<input type="checkbox"/>
17. Carry groceries in plastic bags	7	6	5	4	3	2	1	<input type="checkbox"/>
18. Count coins	7	6	5	4	3	2	1	<input type="checkbox"/>
19. Vacuum a carpet	7	6	5	4	3	2	1	<input type="checkbox"/>
20. Squeeze a spray bottle	7	6	5	4	3	2	1	<input type="checkbox"/>
21. Peel vegetables	7	6	5	4	3	2	1	<input type="checkbox"/>
22. Carry a heavy box	7	6	5	4	3	2	1	<input type="checkbox"/>

ACTIVITY	No Difficulty		Some Difficulty			Unable To Do	Does Not Apply	
23. Hold the phone	7	6	5	4	3	2	1	<input type="checkbox"/>
24. Turn nuts & bolts by hand	7	6	5	4	3	2	1	<input type="checkbox"/>
25. Pour from a pitcher	7	6	5	4	3	2	1	<input type="checkbox"/>
26. Iron clothes	7	6	5	4	3	2	1	<input type="checkbox"/>
27. Count money (bills)	7	6	5	4	3	2	1	<input type="checkbox"/>
28. Do up a zipper	7	6	5	4	3	2	1	<input type="checkbox"/>
29. Trim fingernails	7	6	5	4	3	2	1	<input type="checkbox"/>
30. Shift gears in a car	7	6	5	4	3	2	1	<input type="checkbox"/>
31. Lift a child	7	6	5	4	3	2	1	<input type="checkbox"/>
32. Rake leaves	7	6	5	4	3	2	1	<input type="checkbox"/>
33. Turn taps	7	6	5	4	3	2	1	<input type="checkbox"/>
34. Use a wrench	7	6	5	4	3	2	1	<input type="checkbox"/>
35. Carry a pail of water	7	6	5	4	3	2	1	<input type="checkbox"/>
36. Chop vegetables	7	6	5	4	3	2	1	<input type="checkbox"/>
37. Use scissors	7	6	5	4	3	2	1	<input type="checkbox"/>
38. Carry garbage	7	6	5	4	3	2	1	<input type="checkbox"/>
39. Mop a floor	7	6	5	4	3	2	1	<input type="checkbox"/>
40. Tie laces	7	6	5	4	3	2	1	<input type="checkbox"/>
41. Open a jar or bottle	7	6	5	4	3	2	1	<input type="checkbox"/>
42. Do up hook & eyes	7	6	5	4	3	2	1	<input type="checkbox"/>
43. Write	7	6	5	4	3	2	1	<input type="checkbox"/>
44. Sport activity	7	6	5	4	3	2	1	<input type="checkbox"/>
45. Playing cards	7	6	5	4	3	2	1	<input type="checkbox"/>
46. Knit	7	6	5	4	3	2	1	<input type="checkbox"/>
47. Crochet	7	6	5	4	3	2	1	<input type="checkbox"/>
48. Do needlework	7	6	5	4	3	2	1	<input type="checkbox"/>
49. Play a musical instrument	7	6	5	4	3	2	1	<input type="checkbox"/>
50. Hold a book	7	6	5	4	3	2	1	<input type="checkbox"/>
51. Hold a newspaper	7	6	5	4	3	2	1	<input type="checkbox"/>
52. Draw	7	6	5	4	3	2	1	<input type="checkbox"/>
53. Paint	7	6	5	4	3	2	1	<input type="checkbox"/>

Name: _____

Date: _____