

QUESTIONS ABOUT YOUR HANDS AND WRISTS

Name : _____ Date of birth: _____

Height: _____ Weight: _____ Today's date: _____

1. Illnesses, surgeries and injuries to date: Have you had severe hand or wrist problems, injuries or surgeries before? Circle one.

- A My hands and wrists have been healthy all my life.
- B Some minor hand/ wrist problems.
- C Considerable hand/ wrist problems that have required treatment.
- D Severe problems, chronic pain, one or more surgeries
- E Lasting severe hand/ wrist damage.

2. How have you used your hands so far? What kind of stresses have your hands been exposed to at work and at play? Circle one.

- A Little stress (for example ideal weight, fitness exercise, varied light manual work).
- B Increased stress (for example light manual labor, some computer work)
- C Severe stress (for example computer work, musician, heavy manual labor).
- D Extreme stress (for example professional musician, rock climbing, power tool operator)
- E Lasting hand damage with disability.

3. What are your expectations from therapy? Circle one.

- A Instructions for self help.
- B No expectations.
- C Alleviation of my symptoms.
- D Immediate and complete recovery.
- E Nobody can help me anyway.

4. Functionality of your hand/wrist: How does your hand/wrist problem affect your everyday life? Circle one.

- A My hands and wrists don't give me any problems whatsoever.
- B I don't know.
- C I have some symptoms with everyday activities but they do not restrict what I can do.
- D It is affecting my daily routine. I have to change my lifestyle but I can manage on my own.
- E My hand/wrist is so bad that I cannot get through a day without assistance.

5. How about your grip? How well can you grip and pick up items with your hand? Circle one.

- A I can grip and lift whatever I want to. My strength is my limit.
- B I don't know.
- C I can lift a quart of liquid (2lbs). I can open most doors without problems.
- D I can grip and lift a glass of water but not more. I have trouble opening doors.
- E I cannot grip anything at all.

6. How badly are you suffering? Some problems are easy to deal with while others are hard to handle emotionally. How would you describe your situation? Circle one.

- A No problem.
- B I can handle it.
- C My hand problems are a burden that can keep me preoccupied.
- D My hand problems severely impact my life and how I feel.
- E I am done – with my hand, and sometimes with life, too.

7. A sense of your body: Which one are you? The one who picks up a new dance, sport or yoga pose right away or the one who has to practice over and over again? Circle one.

- A Movement and change is my life. No problem.
- B I could probably do it if I wanted to.
- C I try, but I usually quit because it doesn't work right away.
- D I can do it but I have to work really hard at it.
- E I'm a hopeless case. Not a chance.

8. Motivation: Healthy hands need care, training and attention. This requires a positive attitude, a lot of patience, a bit of understanding and some discipline. Which option best describes you? Circle one.

- A I am highly motivated and have never ending patience.
- B I'll have to think about this one.
- C I'll give it a try.
- D Motivation isn't my strong suit.
- E This is a waste of time.

9. Have previous treatments been successful? Maybe this is not your first attempt at treating your hand problem. Considering all successes and failures to date, which answer is the most true?

- A I am almost fully recovered.
- B I don't know how to judge my situation.
- C The treatments have helped some.
- D There has been no significant improvement.
- E I am only getting worse.

10. How old are you?

- A 20 – 40 years old.
- B Under 20 years old.
- C 40 – 60 years old.
- D 60 – 80 years old.
- E Over 80 years old.

11. Diagnosis and prognosis: Maybe you have already seen a doctor and know the diagnosis of your hand problem. Please choose the one best answer.

- A It's nothing serious.
- B I don't know what the problem is.
- C It's bad right now but I should be able to completely recover.
- D I have lasting damage that will lead to chronic problems.
- E I have severe damage that could permanently impair my ability to use my arm or even work.

Done!

Score: _____