

## Hand/ Wrist Functional Status Scale

NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

On a typical day during the past two weeks have hand and wrist symptoms caused you to have any difficulty doing the activities listed below? Please circle one number that best describes your ability to do the activity.

| Activity                              | Cannot Do at All Due to Hand or Wrist Symptoms | Severe Difficulty | Moderate Difficulty | Mild Difficulty | No Difficulty |
|---------------------------------------|--|-------------------|---------------------|-----------------|---------------|
| <b>Writing</b>                        | <b>1</b>                                       | <b>2</b>          | <b>3</b>            | <b>4</b>        | <b>5</b>      |
| <b>Buttoning of clothes</b>           | <b>1</b>                                       | <b>2</b>          | <b>3</b>            | <b>4</b>        | <b>5</b>      |
| <b>Holding a book while reading</b>   | <b>1</b>                                       | <b>2</b>          | <b>3</b>            | <b>4</b>        | <b>5</b>      |
| <b>Gripping of a telephone handle</b> | <b>1</b>                                       | <b>2</b>          | <b>3</b>            | <b>4</b>        | <b>5</b>      |
| <b>Opening of jars</b>                | <b>1</b>                                       | <b>2</b>          | <b>3</b>            | <b>4</b>        | <b>5</b>      |
| <b>Household chores</b>               | <b>1</b>                                       | <b>2</b>          | <b>3</b>            | <b>4</b>        | <b>5</b>      |
| <b>Carrying grocery bags</b>          | <b>1</b>                                       | <b>2</b>          | <b>3</b>            | <b>4</b>        | <b>5</b>      |
| <b>Bathing and dressing</b>           | <b>1</b>                                       | <b>2</b>          | <b>3</b>            | <b>4</b>        | <b>5</b>      |