

## 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
Writing	1	2	3	4	5
Buttoning of clothes	1	2	3	4	5
Holding a book while reading	1	2	3	4	5
Gripping of a telephone handle	1	2	3	4	5
Opening of jars	1	2	3	4	5
Household chores	1	2	3	4	5
Carrying grocery bags	1	2	3	4	5
Bathing and dressing	1	2	3	4	5

/ 40

G-Code Severity Modifiers:

CH= 40 CI= 34-39 CJ= 28-33 CK= 21-27 CL= 15-20 CM= 9-14 CN= 8