



# All-Star Orthopaedics and Sports Medicine

## Left Hand Questionnaire

Patient Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Date of Visit: \_\_\_\_\_

Primary Care Physician: \_\_\_\_\_ Referred by: \_\_\_\_\_

Date of Injury or Onset: \_\_\_\_\_ Occupation: \_\_\_\_\_

**Please indicate answers by completely filling in the applicable circles.**

Dominant Hand:     ☐ LEFT     ☐ RIGHT

Location:     ☐ hand     ☐ wrist     ☐ elbow     ☐ thumb     ☐ index     ☐ middle     ☐ ring     ☐ small  
(mark all that apply)

Is there pain?     ☐ YES     ☐ NO

If YES, describe your pain:     ☐ dull     ☐ sharp     ☐ stabbing     ☐ burning     ☐ aching  
(mark all that apply)     ☐ throbbing     ☐ shooting     ☐ squeezing     ☐ pressure     ☐ crampy  
   ☐ worsening     ☐ better since onset

Please rate your pain     **0 = no pain**     **10 = extreme pain**

Pain Today:     ☐ 0     ☐ 1     ☐ 2     ☐ 3     ☐ 4     ☐ 5     ☐ 6     ☐ 7     ☐ 8     ☐ 9     ☐ 10

Pain at Best:     ☐ 0     ☐ 1     ☐ 2     ☐ 3     ☐ 4     ☐ 5     ☐ 6     ☐ 7     ☐ 8     ☐ 9     ☐ 10

Pain at Worst:     ☐ 0     ☐ 1     ☐ 2     ☐ 3     ☐ 4     ☐ 5     ☐ 6     ☐ 7     ☐ 8     ☐ 9     ☐ 10

Was there an injury?     ☐ YES     ☐ NO     If YES, was it work related?     ☐ YES     ☐ NO

What happened to your hand? \_\_\_\_\_

There is:     ☐ locking or catching     ☐ giving way     ☐ popping     ☐ stiffness or loss of motion  
(mark all that apply)     ☐ increased warmth     ☐ bruising     ☐ redness     ☐ numbness or tingling  
   ☐ swelling     ☐ none of the above

On this hand, you have had prior:     ☐ x-rays     ☐ MRIs     ☐ CT scans     ☐ EMGs     ☐ nerve studies     ☐ surgery  
(mark all that apply)     ☐ none of the above

Treatments Tried in the Past:     ☐ anti-inflammatories     ☐ brace     ☐ splint  
(mark all that apply)     ☐ pain medication     ☐ fluid drained     ☐ injection  
   ☐ physical therapy     ☐ none of the above

Please mark all activities in which you participate:

<input type="radio"/> football	<input type="radio"/> baseball	<input type="radio"/> softball	<input type="radio"/> basketball	<input type="radio"/> soccer
<input type="radio"/> hockey	<input type="radio"/> lacrosse	<input type="radio"/> volleyball	<input type="radio"/> cross country	<input type="radio"/> running
<input type="radio"/> swimming	<input type="radio"/> skiing	<input type="radio"/> tennis	<input type="radio"/> racquetball	<input type="radio"/> handball
<input type="radio"/> bowling	<input type="radio"/> golf	<input type="radio"/> horseback riding	<input type="radio"/> skateboarding	<input type="radio"/> surfing
<input type="radio"/> climbing	<input type="radio"/> rowing	<input type="radio"/> fishing	<input type="radio"/> yard work	<input type="radio"/> heavy housework
<input type="radio"/> video games	<input type="radio"/> guitar/bass	<input type="radio"/> piano	<input type="radio"/> drums	<input type="radio"/> musical instruments