



Right 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 |