

Hand Outcomes Form

Stiffness	Pain	Instability	Numbness	Swelling	Other_____
If you have pain, please circle the description that is most appropriate:					
Sharp	Throbbing	Aching	Burning	Stabbing	Heavy dull
Circle the number corresponding to the intensity of your pain :					
(0 = no pain and 10 = the worst pain imaginable) 0 1 2 3 4 5 6 7 8 9 10					
Circle the number corresponding to the difficulty of movement of your hand or upper extremity:					
(0 = no movement= and 10 = normal movement) 0 1 2 3 4 5 6 7 8 9 10					
Circle the number corresponding to your strength :					
(0 = no strength and 10 = normal strength) 0 1 2 3 4 5 6 7 8 9 10					
Circle the number corresponding to the loss confidence you have in your hand:					
(0 = no confidence and 10 = full confidence) 0 1 2 3 4 5 6 7 8 9 10					
Circle the number corresponding to your sensation in your hands:					
(0 = no sensation and 10 = normal sensation) 0 1 2 3 4 5 6 7 8 9 10					
Circle all that apply: Are your symptoms getting: Better Gradually, Better Rapidly					
Worse Gradually, Worse Rapidly					
What improves your symptoms? (Circle all that apply) Rest Ice Heat NSAID Other_____					
What makes your symptoms worse ?(Circle all that apply) Activity cold pressure Other_____					