

WRIST/HAND DISABILITY INDEX

NAME: _____

DATE: _____

Please read: This questionnaire has been designed to give the Physical Therapist information as to how your wrist/hand pain has affected your ability to manage everyday life.

Section 1 – Pain intensity

- I have no pain in my wrist/hand
- The pain in my wrist/hand is intermittent or mild
- The pain in my wrist/hand is mild but constant
- The pain in my wrist/hand is constant and moderately limits use of the arm
- The pain in my wrist/hand is constant and severely limits us of that arm
- The pain in my wrist/hand is constant, and I am unable to use that arm

Section 2 – Numbness & Tingling

- I have no numbness or tingling in my wrist/hand
- The numbness or tingling in my wrist/hand is intermittent
- The numbness or tingling in my wrist/hand is constant but does not limit use of that arm
- The numbness or tingling in my wrist/hand is constant and moderately limits use of that arm
- The numbness or tingling in my wrist/hand is constant and severely limits use of that arm
- Due to constant numbness or tingling in my wrist/hand, I am unable to use that arm

Section 3 – Personal Care (Washing, Dressing, etc.)

- I can look after myself normally without any symptoms
- I can look after myself normally, but it causes increased symptoms
- It is uncomfortable to look after myself, and I am slow and careful
- I can only partially use my wrist/hand and sometimes use the other side instead
- I can only partially use my wrist/hand and mostly use the other side
- I am unable to use my wrist/hand for any personal care and always use the other side

Section 4 – Strength

- I can lift the heaviest weights I need to without symptoms
- I can lift heavy weights, but it increases my wrist/hand symptoms
- My wrist/hand symptoms prevent me from lifting more than moderate weights (ex: a gallon of milk)
- My wrist/hand symptoms prevent me from safely lifting more than light weights (ex: a dish or book)
- I frequently drop even light objects due to weakness in my wrist/hand
- I avoid lifting anything with my involved hand

Section 5 – Writing/Typing tolerance

- I can write or type as long as I need to without symptoms
- I can write or type for as long as I want, but it increases my symptoms
- I can write or type for 31-60 minutes before my wrist/hand symptoms increase
- I can write or type for 11-30 minutes before my wrist/hand symptoms increase
- I can write or type for only 10 minutes or less before my wrist/hand symptoms increase
- I am unable to write or type using my involved hand/wrist

Section 6 – Work

- I can do as much work as I want to without symptoms
- I can do all of my usual work, but it increases my symptoms
- I can do most, but not all, of my usual work because of my symptoms
- I can do about half of my usual work because of my symptoms
- I can hardly do any work at all because of my wrist/hand symptoms
- I can't do any work at all because of my wrist/hand symptoms

Section 7 – Driving

- I can drive my car without any wrist/hand symptoms
- I can drive my car as long as I want, but it increases my symptoms
- I can drive my car for 31-60 minutes before my wrist/hand symptoms increase
- I can drive my car for 11-30 minutes before my wrist/hand symptoms increase
- I can drive my car for only 10 minutes or less before my wrist/hand symptoms increase
- I am unable to use that arm for driving

Section 8 – Sleeping

- I have no trouble sleeping
- My sleep is slightly disturbed by wrist/hand symptoms (It wakes me 1 time/night)
- My sleep is mildly disturbed by wrist/hand symptoms (It wakes me 2 times/night)
- My sleep is moderately disturbed by wrist/hand symptoms (It wakes me 3-4 times/night)
- My sleep is greatly disturbed by wrist/hand symptoms (It wakes me 5-6 times/night)
- My sleep is completely disturbed by wrist/hand symptoms (It wakes me 7-8 times/night or more)

Section 9 – House & Yard Work

- I have no wrist/hand limitations with house or yard work
- I am able to do all house & yard work necessary if I take breaks
- I am to do all house & yard work necessary, but it increases my wrist/hand symptoms
- I am able to do some, but not all, house & yard work; it increases my wrist/hand symptoms
- I am able to do only the minimum of house & yard work because of my wrist/hand symptoms
- I am unable to do any house or yard work because of my symptoms

Section 10 - Recreation/Sports

- I am able to engage in all my recreation/sports activities with no wrist/hand symptoms
- I am able to engage in all my recreation/sports activities with some symptoms in my wrist/hand
- I am able to engage in most, but not all, of my usual recreation/sports activities because of my symptoms
- I am able to engage in a few of my usual recreation/sports activities because of symptoms in my wrist/hand
- I can hardly do any recreation/sports activities because of symptoms in my wrist/hand
- I am unable to do any recreation/sports activities because of symptoms in my wrist/hand

Please mark on the line below the pain you have had in the past 24 hours. Use the line as a scale to mark the level of your pain from no pain to the worst

no pain at all _____ worst possible pain ____/50 = ____%