CARE CONNECTIONS

HAND PATIENT WORKSHEET

NAME _____ DATE _____

TIME _____ AM/PM ☐ Initial Visit ☐ Discharge Visit

FUNCTIONAL INDEX

Choose the one answer in each section that best describes your ability to complete daily activities during the past week.

WORK

(Applies to work in home and outside)

- ☐ I can do as much work as I want to.
- ☐ I can only do my usual work, but no more.
- ☐ I can do most of my usual work, but no more.
- ☐ I cannot do my usual work.
- ☐ I can hardly do any work at all (only light duty).
- ☐ I cannot do any work at all.

PERSONAL CARE

(Washing, Dressing, Grooming, etc.)

- ☐ I can manage all personal care without symptoms.
- ☐ I can manage all personal care with some increased symptoms.
- ☐ Personal care requires slow, concise movements due to increased symptoms.
- ☐ I need help to manage some personal care.
- ☐ I need help to manage all personal care.
- ☐ I cannot manage any personal care.

SLEEPING

- ☐ I have no trouble sleeping.
- ☐ My sleep is mildly disturbed (less than 1 hr. sleepless).
- ☐ My sleep is disturbed 1–2 hrs.
- ☐ My sleep is disturbed 2–3 hrs.
- ☐ My sleep is disturbed 3–5 hrs.
- ☐ My sleep is completely disturbed (5–7 hrs. sleepless).

LEISURE/SPORTS

(Indicate Sport if Appropriate_____)

- ☐ I am able to engage in all my regular leisure/sports activities without increased symptoms.
- ☐ I am able to engage in all my leisure/sports activities with some increased symptoms.
- ☐ I can do most, but not all of my usual leisure/sports activities because of increased symptoms.
- ☐ I can do a few of my usual leisure/sports activities because of increased symptoms.
- ☐ I can hardly do any leisure/sports activities because of increased symptoms.
- ☐ I cannot do any leisure/sports activities at all.

REACHING

- ☐ I can reach a high shelf to place an empty cup without increased symptoms.
- ☐ I can reach a high shelf to place an empty cup with some increased symptoms.
- ☐ I cannot reach a high shelf to place an empty cup, but I can reach up to a lower shelf without increased symptoms.
- ☐ I cannot reach a lower shelf without increased symptoms, but I can reach counter height to place an empty cup.
- ☐ I cannot reach my hand above waist level without increased symptoms.
- ☐ I cannot reach at all.

LIFTING

- ☐ I can lift heavy weights without difficulty.
- ☐ I can lift heavy weights but it gives extra pain.
- ☐ I cannot lift heavy weights overhead, but I can manage if they are positioned on a table.
- ☐ I can lift light to medium weights if they are conveniently positioned.
- ☐ I can lift only very light weights.
- ☐ I cannot lift or carry anything at all with my involved hand.

CARRYING

- ☐ I can carry heavy loads without increased symptoms.
- ☐ I can carry heavy loads with some increased symptoms.
- ☐ I cannot carry heavy loads overhead, but I can manage if they are positioned close to my trunk.
- ☐ I cannot carry heavy loads, but I can manage light to medium loads if they are positioned close to my trunk.
- ☐ I can carry very light weights with some increased symptoms.
- ☐ I cannot carry anything at all.

DRIVING

- ☐ I can drive without difficulty.
- ☐ I can drive my car as long as I want to with slight pain.
- ☐ I am limited to using one hand, but can drive necessary distances.
- ☐ I can drive as long as I want to with moderate pain.
- ☐ I can drive only limited distances because of severe pain or limited hand use.
- ☐ I cannot drive my car at all.

DEXTERITY

- ☐ I have no difficulty performing fine manipulation tasks.
- ☐ I experience slight discomfort, stiffness, or swelling with regular tasks.
- ☐ I perform tasks at a slower pace, or activity is occasionally limited by symptoms.
- ☐ I perform tasks at a slower pace, and I am frequently limited by symptoms of stiffness, swelling, or discomfort.
- ☐ I tolerate only the very lightest tasks and infrequently handle objects.
- ☐ I cannot do fine manipulation tasks.

WRITING

- ☐ I can write as long as I want to without symptoms.
- ☐ I can write as long as I want to with adaptive equipment or setup.
- ☐ I can write with some difficulty or limitation.
- ☐ I have a lot of difficulty with writing and I am frequently limited.
- ☐ I can write my name only.
- ☐ I am unable to tolerate writing at all.

ACUITY *(Answer on initial visit.)*

How many days ago did onset/injury occur? _____ days