

POSM / OFALS

Hand / Wrist Subjective Follow-up

MEDICAL RECORD #

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Name: _____

Physician: KP EB Other

Any change in Hx: Yes No

Injured Hand / Wrist: Right Left Both

Follow-up period: 3 month 6 month 1 year 2 yearly

EXAM DATE

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SURGERY DATE

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The following questions refer to your symptoms for a typical twenty-four-hour period during the past two weeks (choose one answer to each question)

How severe is the hand or wrist pain that you have at night?

1. I do not have hand or wrist pain at night 2. Mild pain 3. Moderate pain 4. Severe pain 5. Very severe pain

How often did hand or wrist pain wake you up during a typical night in the past two weeks?

1. Never 2. Once 3. Two or three times 4. Four or five times 5. More than five times

Do you typically have pain in your hand or wrist during the daytime?

1. I never have pain during the day 2. I have mild pain during the day 3. I have moderate pain during the day 4. I have severe pain during the day 5. I have very severe pain during the day

How often do you have hand or wrist pain during the daytime?

1. Never 2. Once or twice a day 3. Three to five times a day 4. More than five times a day 5. The pain is constant

How long, on average, does an episode of pain last during the daytime?

1. I never get pain during the day 2. less than 10 minutes 3. 10 to 60 minutes 4. Greater than 60 minutes 5. The pain is constant throughout the day

Do you have numbness (loss of sensation) in your hand?

1. No 2. I have mild numbness 3. I have moderate numbness 4. I have severe numbness 5. I have very severe numbness

Do you have weakness in your hand or wrist?

1. No weakness 2. Mild weakness 3. Moderate Weakness 4. Severe Weakness 5. Very severe Weakness

During the day do you have tingling sensations in your hand/wrist ?

1. No tingling 2. Mild tingling 3. Moderate tingling 4. Severe tingling 5. Very severe Weakness

How severe is numbness (loss of sensation) or tingling at night?

1. I have no numbness or tingling at night 2. Mild 3. moderate 4. Severe 5. Very severe

How often did hand numbness or tingling wake you up during a typical night during the past two weeks?

1. Never 2. Once 3. Two or three times 4. Four or five times 5. More than five times

Do you have difficulty with the grasping and use of small objects such as keys or pens?

1. No difficulty 2. Mild difficulty 3. Moderate difficulty 4. Severe difficulty 5. Very severe difficulty

On a typical day during the past two weeks have hand and wrist symptoms caused you to have any difficulty doing the activities listed below? Please choose one number that best describes your ability to do the activity.

FUNCTION:

	No Difficulty	Mild Difficulty	Moderate Difficulty	Severe Difficulty	Cannot do at all due to hand or wrist symptoms
Writing	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5
Buttoning of clothes	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5
Holding a book while reading	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5
Gripping of a telephone handle	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5
Opening of Jars	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5
Household chores	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5
Carrying of grocery bags	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5
Bathing and dressing	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5



