

WRIST/HAND DISABILITY INDEX

Name _____

Date _____

Instructions: 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. Please check the ONE statement which best describes your condition in each section.

I 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 the use of that arm.
- The pain in my wrist/hand is constant and severely limits use of that arm.
- The pain in my wrist/hand is constant, I am unable to use that arm.

II NUMBNESS AND 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 the use of that arm.
- The numbness or tingling in my wrist/hand is constant and moderately limits the use of that arm.
- The numbness or tingling in my wrist/hand is constant and severely limits the use of that arm.
- Due to constant numbness or tingling in my wrist/hand, I am unable to use that arm.

III 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, 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.

IV 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 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.

V 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 wrist/hand.

VI WORK

- I can do as much work as I want to.
- 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 symptoms.
- I can't do any work at all because of my symptoms.

VII DRIVING

- I can drive my car without any 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 symptoms increase.
- I can drive my car for 11-30 minutes before my symptoms increase.
- I can drive my car for only 10 minutes or less before my symptoms increase.
- I am unable to use that arm for driving.

VIII SLEEPING

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

IX HOUSE AND YARD WORK

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

X RECREATION AND SPORTS

- I am able to engage in all my activities with no wrist/hand symptoms.
- I am able to engage in all my activities with some wrist/hand symptoms.
- I am able to engage in most, but not all, of my usual activities because of symptoms in my wrist/hand.
- I am able to engage in a few of my usual 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.

Instructions: Please place an X on the line to indicate the amount of wrist/hand pain you have had in the **past 24 hours**. The scale ranges from "no pain at all" to the "worst possible pain."

no pain at all _____

_____ worst pain possible