

## Patient related wrist evaluation

**Hand Service** 

Thank you for completing this questionnaire.
Please return to your therapist once completed.

**Patient information** 

## **Instructions**

This questionnaire asks about your symptoms as well as your ability to perform certain activities.

Please answer every question, based on your condition in the last week, by circling the appropriate number.

If you did not have the opportunity to perform an activity in the past week, please make your best estimate of which response would be the most accurate.

It doesn't matter which hand or arm you use to perform the activity; please answer based on your ability regardless of how you perform the task.

Please rate your ability to do the following activities in the last week by circling the number below the appropriate response.

DAINI

| PAIN:  |      |   |   |   |   |   |   |   |   |   |    |
|--|------|---|---|---|---|---|---|---|---|---|----|
| At rest  | 0    | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| When doing a task with repeat wrist movement   | 0    | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| When lifting a heavy object  | 0    | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| When it is at its worst  | 0    | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| How often do you have pain?  | 0    | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| FUNCTION SPECIFIC ACTIVITIES:  |      |   |   |   |   |   |   |   |   |   |    |
| Turn door knob using my affected hand  | 0    | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| Cut meat using a knife in my affected hand   | 0    | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| Fasten buttons on my shirt   | 0    | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| Use my affected hand to push up from a chair   | 0    | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| Carry a 10-lb object in my affected hand   | 0    | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| Use bathroom tissue with my affected hand  | 0    | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| FUNCTION USUAL ACTIVITIES:   |      |   |   |   |   |   |   |   |   |   |    |
| Personal care activities (dressing, washing)   | 0    | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| Household work (cleaning)  | 0    | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| Work (your job or everyday work)   | 0    | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| Recreational activities  | 0    | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| Score:   |      |   |   |   |   |   |   |   |   |   |    |
| Pain subscale:   | /50  |   |   |   |   |   |   |   |   |   |    |
| Functional subscale (total divided by 2):  | /50  |   |   |   |   |   |   |   |   |   |    |
| Total PRWE score:  | /100 |   |   |   |   |   |   |   |   |   |    |
| <b>Scoring:</b> Each section can be summated indiv can be calculated & scored as percentages. For the score, the poorer the outcome. |      | - |   |   |   |   |   |   |   | r |    |

Source: Adapted from Lewis, C, Wilk, K, Wright, R. The Orthopedic Outcomes toolbox. Virginia: Learn Publications.

## This leaflet is intended for patients receiving care in Brighton & Hove or Haywards Heath

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