

 Patient Survey

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Pain: how would you rate your pain on a scale of 0 (no pain) to 10 (worst pain)?
Please circle the appropriate response.

Patient Satisfaction: ‘how would you describe the results of your procedure’

1. Excellent
2. Very good
3. Good
4. Fair
5. Poor

Return to Work

Are you currently employed?

 Y N

Have you returned to work?

 Y N

How long after the procedure did you return to work?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_



 *Quick***DASH**

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

**NO**

**MILD**

**MODERATE**

**SEVERE**

**UNABLE**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **DIFFICULTY** | **DIFFICULTY** | **DIFFICULTY** | **DIFFICULTY** |  |
| 1. Open a tight or new jar. | **1** | **2** | **3** | **4** | **5** |
| 2. Do heavy household chores (e.g., wash walls, floors). | **1** | **2** | **3** | **4** | **5** |
| 3. Carry a shopping bag or briefcase. | **1** | **2** | **3** | **4** | **5** |
| 4. Wash your back. | **1** | **2** | **3** | **4** | **5** |
| 5. Use a knife to cut food. | **1** | **2** | **3** | **4** | **5** |
| 6. Recreational activities in which you take some force or impact through your arm, shoulder or hand | **1** | **2** | **3** | **4** | **5** |
| (e.g., golf, hammering, tennis, etc.). |  |  |  |  |  |

**NOT AT ALL SLIGHTLY MODERATELY**

**QUITE A BIT**

**EXTREMELY**

7. During the past week, *to what extent* has your arm, shoulder or hand problem interfered with your normal social activities with family, friends, neighbours or groups?

**1 2 3 4 5**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **NOT LIMITED AT ALL** | **SLIGHTLY LIMITED** | **MODERATELY LIMITED** | **VERY LIMITED** | **UNABLE** |
| 8. During the past week, were you limited in your work or other regular daily activities as a result of your arm, shoulder or hand problem? | **1** | **2** | **3** | **4** | **5** |

**Please rate the severity of the following symptoms in the last week.** *(circle number)*

**NONE**

**MILD**

**MODERATE**

**SEVERE EXTREME**

9. Arm, shoulder or hand pain. **1 2 3 4 5**

11. During the past week, how much difficulty have you had sleeping because of the pain in your arm, shoulder or hand? *(circle number)*

10. Tingling (pins and needles) in your arm, shoulder or hand.

**1**

**2**

**3**

**4**

**5**

**NO**

**MILD**

**DIFFICULTY DIFFICULTY**

**SO MUCH MODERATE SEVERE DIFFICULTY DIFFICULTY DIFFICULTY THAT I**

**CAN’T SLEEP**

**1 2 3 4 5**



**For Hand Therapist to Complete**

Grip strength

Wrist range of motion

Flexion \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Extension \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Supination \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Pronation \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_