

# Hand 10

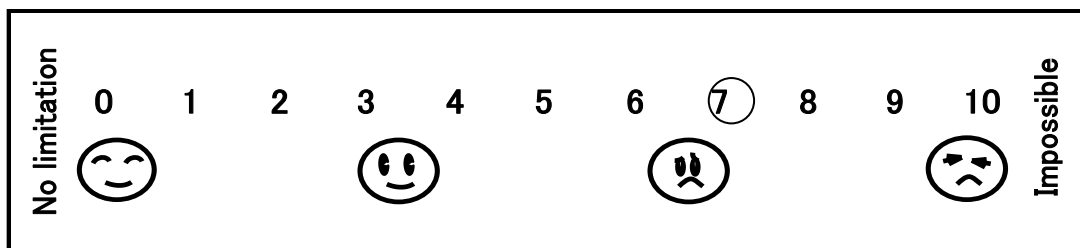
This questionnaire is to identify your symptoms and ability to perform certain activities.

Please provide an answer to each question, based on your condition in the last week. Each question has an accompanying illustration designed to complement the text.

For answering questions, a scale with 10 ordered levels is available. Please circle the appropriate number, to indicate the point best describing your personal situation in the last week. If you perform the task without any difficulty or if you do not have any symptoms, mark the very left end of the line. If you were unable to perform the task, mark the very right end. If you feel that your current ability level is in-between these levels, mark appropriately.

If you did not have the opportunity to perform an activity in the past week, please make your best estimate on how you would perform that task currently.

(Example) Here is an example answer. The answer means, in this example, that you can perform the task with considerable difficulty (ability decreased to 30% of normal).



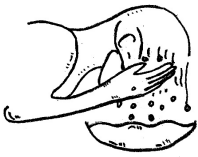
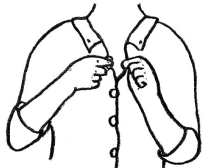


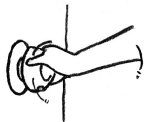




Name \_\_\_\_\_

Age \_\_\_\_\_ Sex M / F Handedness R / L

Date \_\_\_\_\_

Number \_\_\_\_\_



Questions		Mark the point the best describing your situation												
1	Wash your face with both hands. 	No limitation	0	1	2	3	4	5	6	7	8	9	10	Impossible
2	Do up shirt buttons with both hands. 	No limitation	0	1	2	3	4	5	6	7	8	9	10	Impossible
3	Turn on/off the faucet with the affected hand. 	No limitation	0	1	2	3	4	5	6	7	8	9	10	Impossible
4	Open a milk carton with both hands. 	No limitation	0	1	2	3	4	5	6	7	8	9	10	Impossible
5	Operate a door knob and open a heavy door with the affected hand. 	No limitation	0	1	2	3	4	5	6	7	8	9	10	Impossible
6	Wash your hair with both hands. 	No limitation	0	1	2	3	4	5	6	7	8	9	10	Impossible
7	Do manual work without too much difficulty. 	No limitation	0	1	2	3	4	5	6	7	8	9	10	Impossible
8	Do you experience difficulties in activities of daily living? 	Never	0	1	2	3	4	5	6	7	8	9	10	Always
9	How much pain do you have in your affected hand?	Not at all	0	1	2	3	4	5	6	7	8	9	10	Extremely
10	Do you feel less confident because of your affected hand? 	Never	0	1	2	3	4	5	6	7	8	9	10	Always

Thank you.