

Patient Evaluation Measure

0 - 7

1. The FEELING in my hand today is:
2. When my hand is cold and/or damp, the PAIN is now:
3. Most of the time, the PAIN in my hand is now:
4. When I try to USE my hand for fiddly things, it is now:
5. Generally, when I MOVE my hand it is:
6. The GRIP in my hand is now:
7. For everyday ACTIVITIES, my hand is now:
8. For WORK, my hand is now:
9. When I look at the appearance of my hand now, I feel:
10. Generally, when I think about my hand I feel:

Comment:

Anwering date:

Day Month Year

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