**Patient Evaluation Measure**

Please put a circle around the number that is closest to the way you feel about how things are for you. There are no right or wrong answers.

**Part One: How Is Your Hand Today?**

**1. The FEELING in my hand today is:**

1 2 3 4 5 6 7

normal abnormal

**2. When my hand is cold and/or damp, the PAIN is now:**

1 2 3 4 5 6 7

non-existent unbearable

**3. Most of the time, the PAIN in my hand is now:**

1 2 3 4 5 6 7

non-existent unbearable

**4. When I try to USE my hand for fiddly things, it is now:**

1 2 3 4 5 6 7

skilful clumsy

**5. Generally, when I MOVE my hand it is:**

1 2 3 4 5 6 7

flexible stiff

**6. The GRIP in my hand is now:**

1 2 3 4 5 6 7

strong weak

**7. For everyday ACTIVITIES, my hand is now:**

1 2 3 4 5 6 7

no problem useless

**8. For WORK, my hand is now:**

1 2 3 4 5 6 7

no problem useless

**9. When I look at the appearance of my hand now, I feel:**

1 2 3 4 5 6 7

unconcerned embarrassed & self-conscious

**10. Generally, when I think about my hand I feel:**

1 2 3 4 5 6 7

unconcerned very upset

**Part Two: If you have already had surgery:**

Please leave blank if you have not yet had your surgery for this hand

**1. Generally, my treatment at the hospital has been:**

1 2 3 4 5 6 7

very satisfactory very unsatisfactory

**2. Generally, my hand is now:**

1 2 3 4 5 6 7

very satisfactory very unsatisfactory

**3. Bearing in mind my original injury or condition, my hand is now:**

1 2 3 4 5 6 7

better than I expected worse than I expected

We may be able to contact you in the future by e-mail. If you are happy to be contacted this way please give your e-mail address below. This will never be shared with any third parties.

Patient@email.co.uk

**Please take a moment to check you have answered all questions on both sides of the paper.**

**Thank you very much for completing this survey.**