

Wrist Pain Questionnaire

Which wrist is bothering you? Left Right Both

Are you right or left handed? Left Right

Did your wrist pain start with a specific injury? Yes No

If yes: Date of injury: _____

Mechanism of injury: _____

Is the injury work related: Yes No

Did your wrist pain start with a particular activity? Yes No

If yes, what activity started the pain? _____

If there was no injury, when did the pain start? _____

How would you describe your pain? (constant, intermittent, mild, moderate, severe, etc.) _____

Does your pain radiate up your arm? Yes No

Do any of the following increase your wrist pain?

Lifting or carrying: Yes Minimally No

Repetitive motion: Yes Minimally No

Work activities: Yes Minimally No

Is there anything else that increases your pain? _____

Do any of the following decrease your pain?

Rest: Yes Minimally No

Ice: Yes Minimally No

Heat: Yes Minimally No

Over the counter medicines (Tylenol/Advil): Yes Minimally No

Prescription pain medicines: Yes Minimally No

Use of splint: Yes Minimally No

Is there anything else that decreases your pain? _____

(turn over)

Do you have any of the following symptoms?

Weakness:	Yes	No
Swelling:	Yes	No
Stiffness:	Yes	No
Night pain:	Yes	No
Numbness or tingling:	Yes	No

Are there any other symptoms regarding your wrist? _____

What are your primary sports or activities? _____

Have you had any prior surgery to your wrist(s)? Yes No

If yes, what type of surgery did you have and when did you have the surgery? _____

Have you had any prior treatment for your wrist pain such as:

Cortisone injections:	Yes	No
Physical therapy:	Yes	No

In general do you think your wrist pain is:

Getting better?	Yes	No
Getting worse?	Yes	No
Staying the same/not improving?	Yes	No

Have you had any x-rays taken of your wrist(s)? Yes No

If yes: Date of x-ray: _____
 X-ray facility: _____

Have you had an MRI of your wrist(s)? Yes No

If yes: Date of MRI: _____
 MRI facility: _____

Is there anything else we need to know about your wrist pain?

Thank you for filling out this form