Wrist Pain Questionnaire

Name_____

Which wrist is bothering you? Left Right Both

Are your left handed or right 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 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 pain?
Lifting or carrying: Yes Minimally No
Repetitive motion: Yes Minimally No
Work activities: Yes Minimally No
I 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 medications: Yes Minimally No
Use of splint: Yes Minimally No
Is there anything else that decreases your pain: _____
_____

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
Persistent or recurrent neck pain:	Yes	No

Are there any other symptoms regarding your wrist? _____

_____

_____

What are your primary sports activities? _____

Have you had any previous 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