

Wrist Pain Questionnaire

Name _____

Which wrist is bothering you? Left Right Both

Are you 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

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 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