

The Patient Rated Wrist/Hand Evaluation: Outcome Measure

Instructions for completion of this questionnaire:

- The questions will help us understand how much pain and difficulty you have had because of your affected wrist/hand in the past week.
- **Circle the answer that you think is best.**
- Answer every question to the best of your ability – missing questions will invalidate the questionnaire.

PATIENT NAME: _____

DATE OF BIRTH: _____

DATE: _____

BODY PART: _____

How would you rate your wrist/hand today as a percentage of normal (0% to 100%), with 100% being normal?

Rate the amount of pain in your wrist/hand. A zero (0) means that you did not have any pain and a ten (10) means that you had the worst possible pain.

PAIN when...

NO PAIN (0)

WORST POSSIBLE (10)

1. At rest	0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/>
2. doing a task with a repeated wrist/hand movement	0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/>
3. lifting a heavy object	0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/>
4. at its worst	0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/>
5. How often do you have pain? 0 = never, 10 = always	0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/>

Rate how difficult it was doing the things listed below, this week. A zero (0) means it was not difficult at all and a ten (10) means it was so difficult you were unable to do it.

SPECIFIC ACTIVITIES

NOT DIFFICULT (0)

UNABLE (10)

6. Fasten buttons on your shirt?	0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/>
7. Cut meat (or vegetables) using a knife?	0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/>
8. Turn a door knob with your affect hand?	0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/>
9. Use your affected hand to push up from a chair?	0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/>
10. Carry a heavy object in your affected hand?	0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/>
11. Use bathroom tissue with your affected hand?	0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/>

USUAL ACTIVITIES- Rate how difficult it was doing your usual activities, this week. By usual activities, we mean what you did before you started having a problem with your wrist/hand.

12. Personal activities (like dressing/washing)	0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/>
13. Household work (like cleaning or maintenance)	0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/>
14. Work (your job or other work)	0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/>
15. Recreational activities	0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/>

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SCORING:

PRWHE Pain Score (questions 1-5):

Sum of the 5 pain items (out of 50) →best = 0, worst = 50

pain score = _____

PRWHE Function Score (questions 6-15):

Sum of 10 function items, divided by 2 (out of 50) →best = 0, worst = 50

Function score = $\frac{\quad}{2}$ = _____

**** If there is an item missing in the pain or function sections, you can replace the item with the mean score of the subscale**

Total Score:

Interpretation: Total PRWHE score rates pain and disability equally. The higher score indicates more pain and functional disability (e.g., 0=no disability).

Sum of the function and pain items →best = 0, worst = 100

Total score = pain score _____ + function score _____ = _____

Note: responses to the fifteen items are totaled out of 100, where pain and disability are equally weighted

SANE (Single Assessment Numeric Evaluation):

_____ %

STATISTICAL DATA:

MDC – (minimal detectable change): 12 pts.

MCID – (minimal clinically important difference): 12 pts.