

Patient Name:

Questionnaire

Please could you complete this questionnaire before you attend for the medical report as it will help you remember the details. Please also mention the duration of the effects of the injury. (For patients with injuries other than hands please complete where applicable).

Are you Right or Left handed?

.....

Physical Injuries:

Sustained to your which part of your body. Please list in order of importance.

.....
.....
.....

Did you go to hospital, have x-rays or attend for physiotherapy? If so, where?

Hospital:

X-rays:

Physiotherapy:

Have you suffered any similar injuries to this area in the past?

.....
.....
.....

Have you ever had any other medical problems with this part of your body?

.....
.....
.....

Does the appearance of your injury as a whole concern you?

.....
.....
.....

If so, how?

.....
.....

Do you experience problems with your hand in cold weather? If so, please list them below:

.....
.....
.....

Do you experience any problems with the use of your hand? A few examples of activities are listed below. Please tick this that are relevant to you and add others that are not listed:

At Work

Writing

Using the keyboard

Lifting weights

Driving

Using tools

Screwdriver

Hammer

Drill

Manipulating fine objects

Wires

Screws

Nails

Around the House

Caring for children

DIY

Doing dishes

Washing the car

Ironing

Walking the dog

Vacuuming

Gardening

Making the beds

Preparing food

Personal Grooming

Doing up buttons/zips

Tying shoelaces

Combing. brushing hair

Shaving

Bathing

Hair washing

Any other difficulties not mentioned above:

.....
.....
.....

Did you take any time off from work?

.....
.....
.....

If you returned to work could you work completely normally as before?

.....
.....
.....

Did you change your job as a result of your injury? If yes, why?

.....
.....
.....

Does your job involve driving?

Did you have any problems with driving after your injury?

.....
.....
.....

Social

Are you self-conscious when you socialise as a consequence of the injury?

.....
.....
.....

Were any holidays cancelled or missed due to the injury?

.....
.....
.....

Hobbies

Were you hindered or prevented from pursuing your hobbies due to the injury e.g. Sports, gardening, model making etc.

.....
.....
.....

Please list your hobbies and how the injury has affected them?

.....
.....
.....

Name: Date: