



Centre ID Patient Initials 

No difficulty

Unable to do

Carry a 10lb object in my affected hand	0	1	2	3	4	5	6	7	8	9	10
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Use a bathroom tissue with my affected hand	0	1	2	3	4	5	6	7	8	9	10
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**Usual Activities**

Rate the amount of difficulty you experienced performing your usual activities in each of the areas listed below in the week **BEFORE** you broke your wrist, by circling the number that best describes your difficulty on a scale of 0-10. A zero (0) means that you did not experience any difficulty and a ten (10) means it was so difficult you were unable to do any of your usual activities.

No difficulty

Unable to do

Personal care activities (dressing, washing)	0	1	2	3	4	5	6	7	8	9	10
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Household work (cleaning, maintenance)	0	1	2	3	4	5	6	7	8	9	10
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Work (your job or usual everyday work)	0	1	2	3	4	5	6	7	8	9	10
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Recreational activities	0	1	2	3	4	5	6	7	8	9	10
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**Section 2—Disabilities of the Arm, Shoulder and Hand**

These questions ask about your symptoms and ability to perform certain activities.

Please answer **ALL** questions, based on your condition in the week **BEFORE** you broke your wrist, by circling the appropriate number.

If you did not have the opportunity to perform an activity in that week, please make your best estimate of which response would be the most accurate.

It doesn't matter which hand you used to perform the activity; please answer based on your ability regardless of how you perform the task.

	No Difficulty	Mild Difficulty	Moderate Difficulty	Severe Difficulty	Unable
Open a tight new jar	1	2	3	4	5
2. Write	1	2	3	4	5
3. Turn a key	1	2	3	4	5
Prepare a meal	1	2	3	4	5

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		No Difficulty	Mild Difficulty	Moderate Difficulty	Severe Difficulty	Unable
5.	Push open a heavy door	1	2	3	4	5
6.	Place an object on a shelf above your head	1	2	3	4	5
	Do heavy household chores (e.g., wash walls, wash floors)	1	2	3	4	5
	Garden or do yard work	1	2	3	4	5
9.	Make a bed	1	2	3	4	5
10.	Carry a shopping basket or briefcase	1	2	3	4	5
	Carry a heavy object (over 10lbs)	1	2	3	4	5
	Change a light bulb overhead	1	2	3	4	5
13.	Wash or blow dry your hair	1	2	3	4	5
14.	Wash your back	1	2	3	4	5
15.	Put on a pullover sweater	1	2	3	4	5
16.	Use a knife to cut food	1	2	3	4	5
17.	Recreational activities which require little effort (e.g. card playing, knitting etc)	1	2	3	4	5
18.	Recreational activities in which you take some force or impact through your hand (e.g. golf, hammering, tennis)	1	2	3	4	5
19.	Recreational activities in which you move your arm freely (e.g. playing Frisbee, badminton etc)	1	2	3	4	5
	Manage transportation needs (getting from one place to another)	1	2	3	4	5
	Sexual activities	1	2	3	4	5

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	Not at all	Slightly	Moderately	Quite a bit	Extremely
In the week before your injury, to what extent has your arm, shoulder or hand problem interfered with your normal social activities with family, friends, neighbours or groups?	1	2	3	4	5

	Not limited at all	Slightly limited	Moderately limited	Very limited	Unable
In the week before your injury, were you limited in your work or other regular daily activities as a result of your arm, shoulder or hand problem?	1	2	3	4	5

Please rate the severity of the following symptoms in the week BEFORE your injury

	None	Mild	Moderate	Severe	Extreme
Arm, shoulder or hand pain	1	2	3	4	5

Arm, shoulder or hand pain when you performed any specific activity	1	2	3	4	5
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Tingling (pins and needles) in your arm, shoulder or hand	1	2	3	4	5
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Weakness in your arm, shoulder or hand	1	2	3	4	5
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Stiffness in your arm, shoulder or hand	1	2	3	4	5
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	No difficulty	Mild difficulty	Moderate difficulty	Severe difficulty	So much difficulty that I can't sleep
In the week before your injury, how much difficulty have you had sleeping because of the pain in your arm, shoulder or hand?	1	2	3	4	5

	Strongly Disagree	Disagree	Neither agree nor disagree	Agree	Strongly Agree
I feel less capable, less confident or less useful because of my arm, shoulder or hand problem.	1	2	3	4	5

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### Section 3—Quality of Life

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These questions refer to your general health on the day **BEFORE** you broke your wrist. By placing a cross in **ONE** box in each group, please indicate which statement best describes your own health state on the day **BEFORE** you broke your wrist.

**Mobility:**

I have no problems in walking about

I have some problems in walking about

I am confined to bed

**Self-Care:**

I have no problems with self-care

I have some problems washing or dressing myself

I am unable to wash or dress myself

**Usual activities (e.g. work, study, housework, family or leisure activities)**

I have no problems with performing my usual activities

I have some problems with performing my usual activities

I am unable to perform my usual activities

**Pain/Discomfort**

I have no pain or discomfort

I have moderate pain or discomfort

I have extreme pain or discomfort

**Anxiety/Depression**

I am not anxious or depressed

I am moderately anxious or depressed

I am extremely anxious or depressed

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**Your own health state on the day BEFORE your injury**

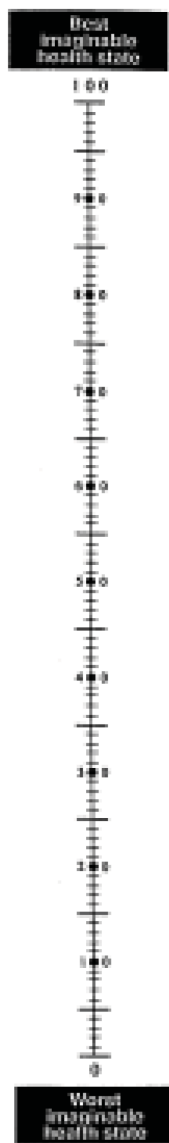
To help people say how good or bad a health state is, we have drawn a scale (rather like a thermometer) on which the best state you can imagine is marked 100 and the worst you can imagine is marked 0.

We would like you to indicate on this scale how good or bad your own health was on the day BEFORE your injury, in your opinion.

Please do this by drawing a line from the box below, to whichever point on the scale indicates how good or bad your health state was before your injury.

Your own health state  
on the day BEFORE  
your injury

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**Section 4**

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**Other support from government benefits**Are you receiving any benefits Yes  No 

If No, go to question 2

If Yes, please tick all benefits you currently receive and how much you currently receive in benefits each week.

Can you please estimate how much you receive altogether in benefits per week? £.....

Attendance Allowance	<input type="checkbox"/>	Income Support	<input type="checkbox"/>
Carer's Allowance	<input type="checkbox"/>	Jobseeker's Allowance	<input type="checkbox"/>
Child Tax Credit	<input type="checkbox"/>	Pension Credit	<input type="checkbox"/>
Council Tax Benefit	<input type="checkbox"/>	Statutory Sick Pay	<input type="checkbox"/>
Disability Living Allowance—caring	<input type="checkbox"/>	State Pension	<input type="checkbox"/>
Disability Living Allowance—mobility	<input type="checkbox"/>	Other: .....	<input type="checkbox"/>
Employment and Support Allowance	<input type="checkbox"/>	Other: .....	<input type="checkbox"/>
Housing Benefit	<input type="checkbox"/>	Other: .....	<input type="checkbox"/>

**2. Where you live**

As of today, do you live in:

A residential house, flat or bungalow	<input type="checkbox"/>
Assisted living/retirement village	<input type="checkbox"/>
A care home without 24 hour nursing	<input type="checkbox"/>
A care home with 24 hour nursing available	<input type="checkbox"/>

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## Quality of Life AFTER injury

These questions refer to your general health on the day AFTER you broke your wrist. By placing a cross in ONE box in each group, please indicate which statement best describes your own health state on the day AFTER you broke your wrist.

### Mobility:

I have no problems in walking about

I have some problems in walking about

I am confined to bed

### Self-Care:

I have no problems with self-care

I have some problems washing or dressing myself

I am unable to wash or dress myself

### Usual activities (e.g. work, study, housework, family or leisure activities)

I have no problems with performing my usual activities

I have some problems with performing my usual activities

I am unable to perform my usual activities

### Pain/Discomfort

I have no pain or discomfort

I have moderate pain or discomfort

I have extreme pain or discomfort

### Anxiety/Depression

I am not anxious or depressed

I am moderately anxious or depressed

I am extremely anxious or depressed



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**Your own health state on the day AFTER your injury**

To help people say how good or bad a health state is, we have drawn a scale (rather like a thermometer) on which the best state you can imagine is marked 100 and the worst you can imagine is marked 0.

We would like you to indicate on this scale how good or bad your own health was on the day AFTER your injury, in your opinion.

Please do this by drawing a line from the box below, to whichever point on the scale indicates how good or bad your health state was after your injury.

Your own health state  
on the day AFTER  
your injury

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