

FOTO Patient Intake Elbow, Wrist, Hand

Name: _____

Date: _____

Please Read Carefully: Answer each question based on the **problem for which you are receiving treatment**. Mark which column best describes how you are able to do each activity. Please answer each question even if you do not do or have not done this activity. Make your best guess as to which response is most accurate.

Because of your affected elbow/ wrist/ hand do you or would you have any difficulty...	Extreme difficulty/ Unable to do	Quite a bit of difficulty	Moderate Difficulty	A little bit of difficulty	No Difficultly
1. Putting on a pullover sweater					
2. Turning a key					
3. Carrying a small suitcase					
4. Washing your back					
5. Carrying a shopping bag or briefcase					
6. Heavy household chores (i.e washing windows or floors)					
7. Laundering clothes (i.e washing, ironing, folding)					
8. Doing up buttons					
9. Opening a tight or new jar					
10. Opening doors					