Patient-Rated Wrist Evaluation (PRWE)

Name: _____ Date: _____

The questions below will help us understand how much difficulty you have had with your wrist in the past week. You will be describing your average wrist symptoms over the past week on a scale of 0 to 10. Please provide an answer for ALL questions. If you did not perform an activity, please ESTIMATE the pain or difficulty you would expect. If you have never performed the activity, you may leave it blank. Section 1, PAIN: Rate the average amount of pain in your wrist over the past week by circling the number that best describes your pain on a scale from 0 to 10. A zero (0) means that you did not have any pain and a ten (10) means that you had the worst pain you have ever experienced or that you could not do the activity because of pain. Section 2A, SPECIFIC ACTIVITIES: Rate the amount of difficulty you experienced performing each of the items listed below, over the past week, by circling the number that describes your difficulty on a scale of 0 to 10. A zero (0) means you did not experience any difficulty and a ten (10) means it was so difficult you were unable to do it at all. Section 2B, USUAL ACTIVITIES: Rate the amount of difficulty you experienced performing your usual activities in each of the areas listed below, over the past week, by circling the number that best describes your difficulty on a scale of 0 to 10. By 'usual activities', we mean the activities you performed before you started having a problem with your wrist. 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.

1. PAIN: At rest

[ ] 0 (No Pain)	0
[ ] 1	1
[ ] 2	2
[ ] 3	3
[ ] 4	4
[ ] 5	5
[ ] 6	6
[ ] 7	7
[ ] 8	8
[ ] 9	9
[ ] 10 (Worst Ever)	10

2. PAIN: When doing a task with a repeated wrist movement

[ ] 0 (No Pain)	0
[ ] 1	1
[ ] 2	2
[ ] 3	3
[ ] 4	4
[ ] 5	5
[ ] 6	6
[ ] 7	7
[ ] 8	8
[ ] 9	9
[ ] 10 (Worst Ever)	10

3. PAIN: When lifting a heavy object

[ ] 0 (No Pain)	0
[ ] 1	1
[ ] 2	2
[ ] 3	3
[ ] 4	4
[ ] 5	5
[ ] 6	6
[ ] 7	7
[ ] 8	8
[ ] 9	9
[ ] 10 (Worst Ever)	10

4. PAIN: When it is at its worst

[ ] 0 (No Pain)	0
[ ] 1	1
[ ] 2	2
[ ] 3	3
[ ] 4	4
[ ] 5	5
[ ] 6	6
[ ] 7	7
[ ] 8	8
[ ] 9	9
[ ] 10 (Worst Ever)	10

5. PAIN: How often do you have pain?

[ ] 0 (Never)	0
[ ] 1	1
[ ] 2	2
[ ] 3	3
[ ] 4	4
[ ] 5	5
[ ] 6	6
[ ] 7	7
[ ] 8	8
[ ] 9	9
[ ] 10 (Always)	10

6. FUNCTION, Specific activities: Turn a door knob using my affected hand

[ ] 0 (No Difficulty)	0
[ ] 1	1
[ ] 2	2
[ ] 3	3
[ ] 4	4
[ ] 5	5
[ ] 6	6
[ ] 7	7
[ ] 8	8
[ ] 9	9
[ ] 10 (Unable To Do)	10

7. FUNCTION, Specific activities: Cut meat using a knife in my affected hand

[ ] 0 (No Difficulty)	0
[ ] 1	1
[ ] 2	2
[ ] 3	3
[ ] 4	4
[ ] 5	5
[ ] 6	6
[ ] 7	7
[ ] 8	8
[ ] 9	9
[ ] 10 (Unable To Do)	10

8. FUNCTION, Specific activities: Fasten buttons on my shirt

[ ] 0 (No Difficulty)	0
[ ] 1	1
[ ] 2	2
[ ] 3	3
[ ] 4	4
[ ] 5	5
[ ] 6	6
[ ] 7	7
[ ] 8	8
[ ] 9	9
[ ] 10 (Unable To Do)	10

9. FUNCTION, Specific activities: Use my affected hand to push up from a chair

[ ] 0 (No Difficulty)	0
[ ] 1	1
[ ] 2	2
[ ] 3	3
[ ] 4	4
[ ] 5	5
[ ] 6	6
[ ] 7	7
[ ] 8	8
[ ] 9	9
[ ] 10 (Unable To Do)	10

10. FUNCTION, Specific activities: Carry a 10lb object in my affected hand

[ ] 0 (No Difficulty)	0
[ ] 1	1
[ ] 2	2
[ ] 3	3
[ ] 4	4
[ ] 5	5
[ ] 6	6
[ ] 7	7
[ ] 8	8
[ ] 9	9
[ ] 10 (Unable To Do)	10

11. FUNCTION, Specific activities: Use bathroom tissue with my affected hand

[ ] 0 (No Difficulty)	0
[ ] 1	1
[ ] 2	2
[ ] 3	3
[ ] 4	4
[ ] 5	5
[ ] 6	6
[ ] 7	7
[ ] 8	8
[ ] 9	9
[ ] 10 (Unable To Do)	10

12. FUNCTION, Usual activities: Personal care activities (dressing, washing)

[ ] 0 (No difficulty)	0
[ ] 1	1
[ ] 2	2
[ ] 3	3
[ ] 4	4
[ ] 5	5
[ ] 6	6
[ ] 7	7
[ ] 8	8
[ ] 9	9
[ ] 10 (Unable to do any of them)	10

13. FUNCTION, Usual activities: Household work (cleaning, maintenance)

[ ] 0 (No difficulty)	0
[ ] 1	1
[ ] 2	2
[ ] 3	3
[ ] 4	4
[ ] 5	5
[ ] 6	6
[ ] 7	7
[ ] 8	8
[ ] 9	9
[ ] 10 (Unable to do any of them)	10

14. FUNCTION, Usual activities: Work (your job or usual everyday work)

[ ] 0 (No difficulty)	0
[ ] 1	1
[ ] 2	2
[ ] 3	3
[ ] 4	4
[ ] 5	5
[ ] 6	6
[ ] 7	7
[ ] 8	8
[ ] 9	9
[ ] 10 (Unable to do any of them)	10

15. FUNCTION, Usual activities: Recreational activities

[ ] 0 (No difficulty)	0
[ ] 1	1
[ ] 2	2
[ ] 3	3
[ ] 4	4
[ ] 5	5
[ ] 6	6
[ ] 7	7
[ ] 8	8
[ ] 9	9
[ ] 10 (Unable to do any of them)	10

Scoring

Pain subscale = sum of 5 pain items (0 to 50). Function subscale = sum of the 10 function items divided by 2 (0 to 50). Total = pain + function (0 to 100). Pain and function are weighted equally. Higher is worse.

Pain subscale (0 to 50): _____

Function subscale (0 to 50): _____

PRWE total (0 to 100): _____

Source: MacDermid, J. C., Turgeon, T., Richards, R. S., Beadle, M., & Roth, J. H. (1998). Patient rating of wrist pain and disability: A reliable and valid measurement tool. Journal of Orthopaedic Trauma, 12(8), 577-586.

Online calculator and more: physiotutors.com/questionnaires