

Date of birth (social security no) (yyyymmdd-nnnn):												
Patient questionnaire HQ-8 (arm/hand)												
Date (yyyy-mm-dd) I am (please indicate your writing hand):												
This questionnaire reports on problems that you have had this past week in the hand/arm that was operated on. Please tick the alternative that best corresponds to any of your problems.												
1. Pain on load												
No problems	0	10	20	30	40	50	60	70	80	90	100	Worst problems imaginable
2. Pain on motion without load												
No problems	0	10	20	30	40	50	60	70	80	90	100	Worst problems imaginable
3. Pain at rest												
No problems	0	10	20	30	40	50	60	70	80	90	100	Worst problems imaginable
4. Stiffness												
No problems	0	10	20	30	40	50	60	70	80	90	100	Worst problems imaginable
5. Weakness												
No problems	0	10	20	30	40	50	60	70	80	90	100	Worst problems imaginable
6. Numbness / tingling in fingers												
No problems	0	10	20	30	40	50	60	70	80	90	100	Worst problems imaginable
7. Cold Sensitivity (discomfort on exposure to cold)												
No problems	0	10 	20	30 	40 	50	60	70	80 	90	100	Worst problems imaginable
8. Ability to perform daily activities												
No problems	0	10 	20	30 	40	50	60	70	80	90	100	Worst problems imaginable