

Study ID _____

MICHIGAN HAND OUTCOMES
QUESTIONNAIRE (MHQ)

Today's date:

Month

Day

Year

Instructions: This survey asks for your views about your hands and your health. This information will help keep track of how you feel and how well you are able to do your usual activities.

Answer **EVERY** question by marking the answer as indicated. If you are unsure about how to answer a question, please give the best answer you can.

I. The following questions refer to the function of your hand(s)/wrist(s) **during the past week**. (Please circle one answer for each question). Please answer **EVERY** question, even if you do not experience any problems with the hand and/or wrist.

A. The following questions refer to your **right** hand/wrist.

	Very Good	Good	Fair	Poor	Very Poor
1. Overall, how well did your <i>right</i> hand work?	1	2	3	4	5
2. How well did your <i>right</i> fingers move?	1	2	3	4	5
3. How well did your <i>right</i> wrist move?	1	2	3	4	5
4. How was the strength in your <i>right</i> hand?	1	2	3	4	5
5. How was the sensation (feeling) in your <i>right</i> hand?	1	2	3	4	5

B. The following questions refer to your **left** hand/wrist.

	Very Good	Good	Fair	Poor	Very Poor
1. Overall, how well did your <i>left</i> hand work?	1	2	3	4	5
2. How well did your <i>left</i> fingers move?	1	2	3	4	5
3. How well did your <i>left</i> wrist move?	1	2	3	4	5
4. How was the strength in your <i>left</i> hand?	1	2	3	4	5
5. How was the sensation (feeling) in your <i>left</i> hand?	1	2	3	4	5

II. The following questions refer to the ability of your hand(s) to do certain tasks *during the past week*. (Please circle one answer for each question). If you do not do a certain task, please estimate the difficulty with which you would have in performing it.

A. How difficult was it for you to perform the following activities using your *right hand* ?

	Not at All Difficult	A Little Difficult	Somewhat Difficult	Moderately Difficult	Very Difficult
1. Turn a door knob	1	2	3	4	5
2. Pick up a coin	1	2	3	4	5
3. Hold a glass of water	1	2	3	4	5
4. Turn a key in a lock	1	2	3	4	5
5. Hold a frying pan	1	2	3	4	5

B. How difficult was it for you to perform the following activities using your *left hand* ?

	Not at All Difficult	A Little Difficult	Somewhat Difficult	Moderately Difficult	Very Difficult
1. Turn a door knob	1	2	3	4	5
2. Pick up a coin	1	2	3	4	5
3. Hold a glass of water	1	2	3	4	5
4. Turn a key in a lock	1	2	3	4	5
5. Hold a frying pan	1	2	3	4	5

C. How difficult was it for you to perform the following activities using ***both of your hands***?

	Not at All Difficult	A Little Difficult	Somewhat Difficult	Moderately Difficult	Very Difficult
1. Open a jar	1	2	3	4	5
2. Button a shirt/blouse	1	2	3	4	5
3. Eat with a knife/fork	1	2	3	4	5
4. Carry a grocery bag	1	2	3	4	5
5. Wash dishes	1	2	3	4	5
6. Wash your hair	1	2	3	4	5
7. Tie shoelaces/knots	1	2	3	4	5

III. The following questions refer to how you did in your *normal work* (including both housework and school work) during the *past four weeks*. (Please circle one answer for each question).

	Always	Often	Sometimes	Rarely	Never
1. How often were you unable to do your work because of problems with your hand(s)/wrist(s)?	1	2	3	4	5
2. How often did you have to shorten your work day because of problems with your hand(s)/wrist(s)?	1	2	3	4	5
3. How often did you have to take it easy at your work because of problems with your hand(s)/wrist(s)?	1	2	3	4	5
4. How often did you accomplish less in your work because of problems with your hand(s)/wrist(s)?	1	2	3	4	5
5. How often did you take longer to do the tasks in your work because of problems with your hand(s)/wrist(s)?	1	2	3	4	5

IV. The following questions refer to how much **pain** you had in your hand(s)/wrist(s) **during the past week**. (Please circle one answer for each question).

A. The following questions refer to **pain** in your **right** hand/wrist.

1. How often did you have pain in your **right** hand/wrist?
 1. Always
 2. Often
 3. Sometimes
 4. Rarely
 5. Never

If you answered **Never** to **question IV-A1** above, please skip the following questions and go to the next page.

2. Please describe the pain you had in your **right** hand/wrist.
 1. Very mild
 2. Mild
 3. Moderate
 4. Severe
 5. Very severe

	Always	Often	Sometimes	Rarely	Never
3. How often did the pain in your right hand/wrist interfere with your sleep?	1	2	3	4	5
4. How often did the pain in your right hand/wrist interfere with your daily activities (such as eating or bathing)?	1	2	3	4	5
5. How often did the pain in your right hand/wrist make you unhappy?	1	2	3	4	5

B. The following questions refer to **pain** in your *left* hand/wrist.

1. How often did you have pain in your *left* hand/wrist?
 1. Always
 2. Often
 3. Sometimes
 4. Rarely
 5. Never

If you answered **Never** to **question IV-B1** above, please skip the following questions and go to the next page.

2. Please describe the pain you had in your *left* hand/wrist.
 1. Very mild
 2. Mild
 3. Moderate
 4. Severe
 5. Very severe

	Always	Often	Sometimes	Rarely	Never
3. How often did the pain in your <i>left</i> hand/wrist interfere with your sleep?	1	2	3	4	5
4. How often did the pain in your <i>left</i> hand/wrist interfere with your daily activities (such as eating or bathing)?	1	2	3	4	5
5. How often did the pain in your <i>left</i> hand/wrist make you unhappy?	1	2	3	4	5

V. A. The following questions refer to the appearance (look) of your ***right*** hand **during the past week**.
(Please circle one answer for each question).

	Strongly Agree	Agree	Neither Agree nor Disagree	Disagree	Strongly Disagree
1. I am satisfied with the appearance (look) of my <i>right</i> hand.	1	2	3	4	5
2. The appearance (look) of my <i>right</i> hand sometimes made me uncomfortable in public.	1	2	3	4	5
3. The appearance (look) of my <i>right</i> hand made me depressed.	1	2	3	4	5
4. The appearance (look) of my <i>right</i> hand interfered with my normal social activities.	1	2	3	4	5

B. The following questions refer to the appearance (look) of your ***left*** hand **during the past week**.
(Please circle one answer for each question).

	Strongly Agree	Agree	Neither Agree nor Disagree	Disagree	Strongly Disagree
1. I am satisfied with the appearance (look) of my <i>left</i> hand.	1	2	3	4	5
2. The appearance (look) of my <i>left</i> hand sometimes made me uncomfortable in public.	1	2	3	4	5
3. The appearance (look) of my <i>left</i> hand made me depressed.	1	2	3	4	5
4. The appearance (look) of my <i>left</i> hand interfered with my normal social activities.	1	2	3	4	5

VI. A. The following questions refer to your satisfaction with your ***right*** hand/wrist **during the past week**.
(Please circle one answer for each question).

	Very Satisfied	Somewhat Satisfied	Neither Satisfied nor Dissatisfied	Somewhat Dissatisfied	Very Dissatisfied
1. Overall function of your <i>right</i> hand	1	2	3	4	5
2. Motion of the fingers in your <i>right</i> hand	1	2	3	4	5
3. Motion of your <i>right</i> wrist	1	2	3	4	5
4. Strength of your <i>right</i> hand	1	2	3	4	5
5. Pain level of your <i>right</i> hand	1	2	3	4	5
6. Sensation (feeling) of your <i>right</i> hand	1	2	3	4	5

B. The following questions refer to your satisfaction with your ***left*** hand/wrist **during the past week**.
(Please circle one answer for each question).

	Very Satisfied	Somewhat Satisfied	Neither Satisfied nor Dissatisfied	Somewhat Dissatisfied	Very Dissatisfied
1. Overall function of your <i>left</i> hand	1	2	3	4	5
2. Motion of the fingers in your <i>left</i> hand	1	2	3	4	5
3. Motion of your <i>left</i> wrist	1	2	3	4	5
4. Strength of your <i>left</i> hand	1	2	3	4	5
5. Pain level of your <i>left</i> hand	1	2	3	4	5
6. Sensation (feeling) of your <i>left</i> hand	1	2	3	4	5

Please provide the following information about yourself. (Please circle one answer for each question.)

1. Are you right-handed or left-handed?
 - a. Right-handed
 - b. Left-handed
 - c. Both

2. Which hand gives you the most problem?
 - a. Right hand
 - b. Left hand
 - c. Both

3. Have you changed your job since you had problem with your hand(s)?
 - a. Yes
 - b. No

Please describe the type of job you did **before** you had problem with your hand(s). _____

Please describe the type of job you are doing **now**. _____

4. What is your gender?
 - a. Male
 - b. Female

5. What is your ethnic background?
 - a. White
 - b. Black
 - c. Hispanic
 - d. Asian or Pacific Islander
 - e. American Indian or Alaskan Native
 - f. Other (Please specify.) _____

6. What is the highest level of education you received?
 - a. Less than high school graduate
 - b. High school graduate
 - c. Some college
 - d. College graduate
 - e. Professional or graduate school

7. What is your approximate family income including wages, disability payment, retirement income and welfare?
 - a. Less than \$10,000
 - b. \$10,000 - \$19,999
 - c. \$20,000 - \$29,999
 - d. \$30,000 - \$39,999
 - e. \$40,000 - \$49,999
 - f. \$50,000 - \$59,999
 - g. \$60,000 - \$69,999
 - h. More than \$70,000

8. Is your injury covered by Workers' Compensation?
 - a. Yes
 - b. No

Thank you very much for completing this questionnaire.