FLEXTEND® QUESTIONNAIRE – INTAKE

NAME: LAST_____FIRST_____
DATE:_____

Measurement Scale: 0 = Lowest and 10 = Highest
Answers: Circle or Describe in Writing.

1. Do you currently have any pain, numbness, tingling, paresthesia (pins and needles) in the fingers, hands or wrists?

a. Dominant hand? YES NO
b. Non-Dominant hand? YES NO

2. If you answered YES to question #1, which symptom(s) do you experience?

a. Dominant Hand

1. Pain
2. Numbness
3. Tingling
4. Paresthesia (Pins and needles).
5. Other: Explain location(s) and symptom(s):

_____
_____
_____

b. Non-Dominant Hand

1. Pain
2. Numbness
3. Tingling
4. Paresthesia (Pins and needles).
5. Other: Explain location(s) and symptom(s):

_____
_____
_____

3. If you answered YES to question #1, How long have you experienced these symptoms?

a. Dominant hand: Years_____ Months_____
b. Non-Dominant hand: Years_____ Months_____

4. What is your current perceived level of strength?

a. Dominant Hand: 0 1 2 3 4 5 6 7 8 9 10
b. Non-Dominant Hand: 0 1 2 3 4 5 6 7 8 9 10

5. What is your current perceived level of endurance?

a. Dominant Hand: 0 1 2 3 4 5 6 7 8 9 10
b. Non-Dominant Hand: 0 1 2 3 4 5 6 7 8 9 10

6. What is your current perceived level of flexibility?

a. Dominant Hand: 0 1 2 3 4 5 6 7 8 9 10
b. Non-Dominant Hand: 0 1 2 3 4 5 6 7 8 9 10

7. What is your current perceived level of overall level of performance and function?

a. Dominant Hand: 0 1 2 3 4 5 6 7 8 9 10
b. Non-Dominant Hand: 0 1 2 3 4 5 6 7 8 9 10