

Patient Name: _____

Date: _____

The Hand Assessment Tool (HAT)

Instructions: Please circle the answers to every question based on your condition over the past week. Answer all questions. If the activity has not occurred, answer the question as you would anticipate your performance. Please respond to the items as you would have usually performed the task.

	(1)	(2)	(3)	(4)	(5)
1. Have you had difficulty writing?	No	Mild	Moderate	Severe	Unable to do
2. Have you had difficulty buttoning, zipping or typing?	No	Mild	Moderate	Severe	Unable to do
3. Have you had difficulty opening a tight jar?	No	Mild	Moderate	Severe	Unable to do
4. Have you had difficulty gripping a telephone and talking for 5 mins.?	No	Mild	Moderate	Severe	Unable to do
5. Have you had difficulty turning a key?	No	Mild	Moderate	Severe	Unable to do
6. Have you had difficulty using scissors?	No	Mild	Moderate	Severe	Unable to do
7. Have you had difficulty wringing out a washcloth?	No	Mild	Moderate	Severe	Unable to do
8. Have you had difficulty with personal hygiene after toileting?	No	Mild	Moderate	Severe	Unable to do
9. Have you had difficulty carrying a grocery bag?	No	Mild	Moderate	Severe	Unable to do
10. Are you able to perform your normal leisure activities without difficulty?	Yes	Mild	Moderate	Severe	Unable to do
11. Does the pain in your hand or wrist increase with activity?	No Pain	Mild Pain	Moderate Pain	Severe Pain	Unbearable
12. Do you have numbness and/or tingling sensations in your hand and wrist?	No	Mild	Moderate	Severe	Profound; cannot feel hand/wrist
13. At night, does pain, tingling, or numbness wake you?	Never	1 or 2 times	Sometimes	Often	I can't sleep because of it
14. Do you dislike the appearance of your injured hand?	No, it looks fine	I dislike it a little bit	I moderately dislike it	I dislike it very much	I extremely dislike its appearance

Scoring procedures for the hand assessment tool (HAT): $[(\text{sum of } n \text{ responses})/n] - 1 \times 25$

n is the number of items completed on the HAT.

A HAT score will not be calculated if there are more than two items missing.

Score _____

Patient Signature: _____ Date _____

Therapist Signature: _____ Date _____