

The HAT (Hand Assessment Tool)

(PLEASE COMPLETE BOTH SECTIONS)

PATIENT NAME :

Who is your referring doctor?	_____ MD / DO
When is your next Doctor Visit?	Date: _____ Time: _____
What happened to your hand and where did it happen?	
What date did this begin? Onset Date	Onset Date: _____
Which hand is injured?	Right Left
Are you right handed, left handed or do you use both hands equally well?	Right-handed Left-handed Both
What is your age?	
Current Height: _____ ft _____ inches	
Current Weight: _____ lbs.	

Instructions:

Please circle 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 difficulty	Mild difficulty	Moderate difficulty	Severe difficulty	Unable to do
2.	Have you had difficulty buttoning, zipping or tying?	No difficulty	Mild difficulty	Moderate difficulty	Severe difficulty	Unable to do
3.	Have you had difficulty opening a tight jar?	No difficulty	Mild difficulty	Moderate difficulty	Severe difficulty	Unable to do
4.	Have you had difficulty gripping a telephone and talking for 5 minutes?	No difficulty	Mild difficulty	Moderate difficulty	Severe difficulty	Unable to do
5.	Have you had difficulty turning a key?	No difficulty	Mild difficulty	Moderate difficulty	Severe difficulty	Unable to do
6.	Have you had difficulty using scissors?	No difficulty	Mild difficulty	Moderate difficulty	Severe difficulty	Unable to do
7.	Have you had difficulty wringing out a washcloth?	No difficulty	Mild difficulty	Moderate difficulty	Severe difficulty	Unable to do
8.	Have you had difficulty with personal hygiene after toileting?	No difficulty	Mild difficulty	Moderate difficulty	Severe difficulty	Unable to do

9.	Have you had difficulty carrying a grocery bag?	No difficulty	Mild difficulty	Moderate difficulty	Severe difficulty	Unable to do
10.	Does the pain in your hand or wrist increase with activity?	No pain	Mild pain	Moderate pain	Severe pain	Unbearable
11.	Do you have numbness and/ or tingling sensations in your hand and wrist?	No numbness nor tingling	Mild numbness and /or tingling	Moderate numbness and/ or tingling	Severe numbness and/or tingling	I cannot feel my hand or wrist and/ or I have profound tingling.
12.	At night, does pain, tingling, or numbness wake you?	Never	1 or 2 times	Sometimes	Often	I can't sleep because of it.
13.	Are you able to perform your normal leisure activities without difficulty?	No difficulty	Mild difficulty	Moderate difficulty	Severe difficulty	Unable to actively participate in leisure activities.
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 am extremely bothered by its appearance.

OFFICE USE ONLY:

Scoring the HAT: $\{ (\text{sum of } n \text{ responses})/n - 1 \} \times 25$

n equals the number of items completed on the HAT

An HAT score will not be calculated if there are greater than 2 items missing.