

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