FLEXTEND® QUESTIONNAIRE – INTAKE

NAME: _______________ _______________ 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?
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