

# FLEXTEND® QUESTIONNAIRE

DATE: \_\_\_\_\_

**1. How was the FLEXTEND® exercise program to follow?**

- a. Easy
- b. Moderately Easy
- c. Moderately Difficult
- d. Difficult

**2. How would you rate your strength in the FLEXTEND® hand?**

- a. Less than before the program
- b. Same as when you started the program
- c. Low Increases in strength
- d. Moderate Increases in strength
- e. High increases in strength

**3. How would you rate your strength in the NON-FLEXTEND® hand?**

- a. Less than before the program
- b. Same as when you started the program
- c. Low Increases in strength
- d. Moderate Increases in strength
- e. High increases in strength

**4. How would you rate your endurance levels in the FLEXTEND® hand?**

*(The ability to work without hand fatigue)*

- a. Less than before the program
- b. Same as when you started the program
- c. Low Increases in endurance
- d. Moderate Increases in endurance
- e. High increases in endurance

**5. How would you rate your endurance levels in the NON-FLEXTEND® hand?** *(The ability to work without hand fatigue)*

- a. Less than before the program
- b. Same as when you started the program
- c. Low Increases in endurance
- d. Moderate Increases in endurance
- e. High increases in endurance

**6. How would you rate your flexibility levels in the FLEXTEND® hand?**

- a. Less than before the program
- b. Same as when you started the program
- c. Low Increases in flexibility
- d. Moderate Increases in flexibility
- e. High increases in flexibility

**7. How would you rate your flexibility levels in the NON-FLEXTEND® hand?**

- a. Less than before the program
- b. Same as when you started the program
- c. Low Increases in flexibility
- d. Moderate Increases in flexibility
- e. High increases in flexibility

**8. How would you rate your overall performance in the FLEXTEND® hand?**

- a. Reduced level of function / feeling since starting the program
- b. Same level of function / feeling as when you started the program
- c. Slight improvement in function / feeling since starting the program
- d. Moderate improvement in function / feeling since starting the program
- e. Good improvement in function / feeling since starting the program

**9. How would you rate your overall performance in the NON-FLEXTEND® hand?**

- a. Reduced level of function / feeling since starting the program
- b. Same level of function / feeling as when you started the program
- c. Slight improvement in function / feeling since starting the program
- d. Moderate improvement in function / feeling since starting the program
- e. Good improvement in function / feeling since starting the program

**Anthropometric characteristics to be completed by examiner only**

Hand Length: \_\_\_\_\_

Hand Breadth \_\_\_\_\_

Grip Diameter: \_\_\_\_\_

**Grip Strength: Grip 1** \_\_\_\_\_ **Grip 2** \_\_\_\_\_ **Grip 3** \_\_\_\_\_ **Median Strength** \_\_\_\_\_

Power Position: \_\_\_\_\_