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: __________