

PATIENT-RATED ELBOW EVALUATION

Name _____

Date _____

*The questions below will help us understand the amount of difficulty you have had with your elbow in the past week. You will be describing your **average** elbow symptoms **over the past week** on a scale 0-10.*

1. PAIN

*Rate the average amount of pain in your elbow **over the past week** by circling the number that best describes your pain on a scale from 0-10. A **zero (0)** means that you **did not have any pain** and a **ten (10)** means that you had **the worst pain you have ever experienced**.*

RATE YOUR PAIN:

When it is at its worst	0 1 2 3 4 5 6 7 8 9 10
At rest	0 1 2 3 4 5 6 7 8 9 10
When lifting a heavy object	0 1 2 3 4 5 6 7 8 9 10
When doing a task with repeated elbow movement	0 1 2 3 4 5 6 7 8 9 10

How often do you have pain?	0 1 2 3 4 5 6 7 8 9 10 Never Always
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Please turn the page.....

2. FUNCTION

A. SPECIFIC ACTIVITIES

Rate the **amount of difficulty** you experienced performing each of the items listed below, over the past week, by circling the number that best describes your difficulty on a scale of 0-10. A **zero (0)** means you did not experience any difficulty and a **ten (10)** means it was so difficult you were unable to do it at all.

No
Difficulty Unable
To Do

Comb my hair	0 1 2 3 4 5 6 7 8 9 10
Eat with a fork or spoon	0 1 2 3 4 5 6 7 8 9 10
Pull a heavy object	0 1 2 3 4 5 6 7 8 9 10
Use my arm to rise from a chair	0 1 2 3 4 5 6 7 8 9 10
Carry a 10lb object with my arm at my side	0 1 2 3 4 5 6 7 8 9 10
Throw a small object, such as a tennis ball	0 1 2 3 4 5 6 7 8 9 10
Use a telephone	0 1 2 3 4 5 6 7 8 9 10
Do up buttons on the front of my shirt	0 1 2 3 4 5 6 7 8 9 10
Wash my opposite armpit	0 1 2 3 4 5 6 7 8 9 10
Tie my shoe	0 1 2 3 4 5 6 7 8 9 10
Turn the doorknob and open a door	0 1 2 3 4 5 6 7 8 9 10

B. USUAL ACTIVITIES

Rate the **amount of difficulty** you experienced performing your **usual** activities in each of the areas listed below, over the past week, by circling the number that best describes your difficulty on a scale of 0-10. By “usual activities”, we mean the activities that you performed **before** you started having a problem with your elbow. A **zero (0)** means you did not experience any difficulty and a **ten (10)** means it was so difficult you were unable to do any of your usual activities.

1. Personal activities (dressing, washing)	0 1 2 3 4 5 6 7 8 9 10
2. Household work (cleaning, maintenance)	0 1 2 3 4 5 6 7 8 9 10
3. Work (your job or everyday work)	0 1 2 3 4 5 6 7 8 9 10

4. Recreational activities	0 1 2 3 4 5 6 7 8 9 10
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Comments: