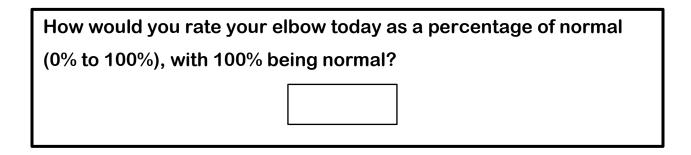


Patient-Rated Elbow Evaluation

Instructions for completion of this questionnaire:

- The questions will help us understand how much pain and difficulty you have had because of <u>your affected elbow in the past week</u>.
- Circle the answer that you think is best.
- Answer every question to the best of your ability missing questions will invalidate the questionnaire.

PATIENT NAME:	
DATE OF BIRTH:	
DATE:	
BODY PART:	



Rate the <u>amount of pain in your elbow</u>. A zero (0) means that you did not have any pain and a ten (10) means that you had the worst possible pain.

PA	IN when NO PAI	NO PAIN (0)					WORST POSSIBLE (10)					
1.	At rest	0□	1	2	3	4	5	6	7	8	9	10□
2.	doing a task with a repeated wrist/hand movement	0□	1	2	3	4	5	6	7	8	9	10□
3.	lifting a heavy object	0□	1	2	3	4	5	6	7	8	9🗖	10
4.	at its worst	0□	1	2	3	4	5	6	7	8	9🗖	10
5.	How often do you have pain? 0 = never, 10 = always	0□	1	2	3	4	5	6	7	8	9	10

Rate **how difficult** it was doing the things listed below, this week. A zero (0) means it was **not difficult** at all and a **ten (10)** means it was so difficult you were **unable to do it**

SPECIFIC ACTIVITIES	UNABLE (10)	
6. Comb my hair		
7. Eat with a fork or spoon		
8. Pull a heavy object		
9. Use my arm to rise from a chair		
10. Carry a 10lb. object with my arm at my side		
11. Throw a small object, such as a tennis ball		
12. Use a telephone		
13. Do up buttons on the front of my shirt		
14. Wash my opposite armpit		
15. Tie my shoe		
16. Turn the doorknob and open a door		

USUAL ACTIVITIES- Rate how difficult it was doing your usual activities, this week. By usual activities, we mean **what you did before** you started having a problem with your elbow.

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

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