

## Elbow and Forearm Pain Form



Last Name

First Name

Date

RIGHT

LEFT

My dominant hand?

Right

Left

Does your elbow hurt?

Yes  No

Yes  No

Does your forearm hurt?

Yes  No

Yes  No

When did the problem start?

Did you have an injury?

Yes  No

Yes  No

If yes, what injury did you have?

Where is the pain?

Outer side  Inner side

Outer side  Inner side

Front  Back

Front  Back

What does the pain feel like?

Dull  Sharp  Burning

Dull  Sharp  Burning

Is the pain?

Constant  Intermittent

Constant  Intermittent

What makes it worse?

Movement  Keeping Still

Movement  Keeping Still

How bad is the Pain

None 0 1 2 3 4 5 6 7 8 9 10

None 0 1 2 3 4 5 6 7 8 9 10

Worst Possible

Worst Possible

Did you hurt yourself at work?

Yes  No

Yes  No

Are you involved in litigation?

Yes  No

Yes  No

## CURRENT PROBLEM

- What is the problem with your elbow?
- When did it start?
- Did the problem start: Suddenly Gradually
- Is your problem getting: Worse Better Staying the same
- Was this the result of an injury? Yes No
- If yes, please describe how it happened:

## PAIN QUESTIONS

- Do you have pain in your elbow? Yes No
- Is your pain:           Constant           Comes and goes
- Describe your pain: Dull   Throbbing   Aching   Numbness
- Sharp Tight Burning Tingling
- Which best describes your pain? None Mild Moderate Severe

Please rate your pain on the following scales:

### When it is at its worst

No pain                   0 1 2 3 4 5 6 7 8 9 10                   Worst pain ever

### At rest

No pain                   0 1 2 3 4 5 6 7 8 9 10                   Worst pain ever

### Lifting a heavy object

No pain                   0 1 2 3 4 5 6 7 8 9 10                   Worst pain ever

### When doing a task with repeated elbow movements

No pain                   0 1 2 3 4 5 6 7 8 9 10                   Worst pain ever

### At night

No pain                   0 1 2 3 4 5 6 7 8 9 10                   Worst pain ever

Please circle the number that indicates your ability to do the following activities:

Activity	Right Arm	Left Arm
• Button shirt to top	0 1 2 3 4 5	0 1 2 3 4 5
• Manage toileting	0 1 2 3 4 5	0 1 2 3 4 5
• Comb hair	0 1 2 3 4 5	0 1 2 3 4 5
• Tie shoes	0 1 2 3 4 5	0 1 2 3 4 5
• Eat with utensils	0 1 2 3 4 5	0 1 2 3 4 5
• Carry a heavy object	0 1 2 3 4 5	0 1 2 3 4 5
• Rise from chair pushing with arm	0 1 2 3 4 5	0 1 2 3 4 5
• Do heavy household chores	0 1 2 3 4 5	0 1 2 3 4 5
• Turn a key	0 1 2 3 4 5	0 1 2 3 4 5
• Throw a ball	0 1 2 3 4 5	0 1 2 3 4 5
• Do usual work-describe:	0 1 2 3 4 5	0 1 2 3 4 5
• Do usual sport-describe:	0 1 2 3 4 5	0 1 2 3 4 5

0=Unable to do

5=No difficulty

- Does your elbow allow you to sleep comfortably? Yes No
- Is your elbow comfortable with your arm at your side? Yes No

**What have you used for your symptoms? Did you get relief?**

Yes No Yes No

- Medication Type
- Physical Therapy How long did you attend?
- Injections Describe
- Surgery Describe
- Other Describe

**What tests have you already had concerning your elbow problem?**

- x-rays
- arthrogram
- EMG
- CT scan
- MRI

**In general, would you say your health is:**

- Excellent
- Very Good
- Good
- Fair
- Poor

**The following items are about activities you might do during a typical day. Does your health now limit you in these activities? If so, how much?**

Yes, limited a lot   Limited a little   Not limited

- Moderate activities, such as moving a table, pushing a vacuum cleaner, bowling, or playing golf
- Climbing several flights of stairs

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During the past 4 weeks, have you had any of the following problems with your work or other regular daily activities as a result of your physical health?

Yes                      No

- Accomplished less than you would like
- Were limited in the kind of work or other activities

During the past 4 weeks, have you had any of the following problems with your work or other regular daily activities as a result of emotional problems (such as feeling anxious or depressed)?

Yes                      No

- Accomplished less than you would like
- Didn't do work or other activities as carefully as usual

During the past 4 weeks, how much did pain interfere with your normal work (including both work outside the home and housework)?

- Not at all
- A little bit
- Moderately
- Quite a bit
- Extremely

These questions are about how you feel and how things have been with you during the last 4 weeks. For each question, please give the one answer that comes closest to the way you have been feeling. How much of the time during the last 4 weeks:

All of-    Most of-    A good bit-    Some of-    A little of-    None of  
the time

- Have you felt calm and peaceful?
- Did you have a lot of energy?
- Have you felt downhearted and blue?

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**During the past 4 weeks, how much of the time has your physical health or emotional problems interfered with your social activities (like visiting friends, relatives, etc.)?**

- All of the time
- Most of the time
- Some of the time
- A little of the time
- None of the time