# ELBOW SURVEY

Last Name _____ First Name _____ Date _____ / _____ / _____

Dominant hand: ☐ Right ☐ Left

## CURRENT PROBLEM

Which elbow is bothering you? ☐ Right ☐ Left ☐ Both

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**

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

**At rest**

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

**Lifting a heavy object**

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

**When doing a task with repeated elbow movements**

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

**At night**

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

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☐ Bach ☐ Bush-Joseph ☐ Cole ☐ Romeo ☐ _____

☐ M ☐ F WC: ☐ Y ☐ N



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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

Is your elbow comfortable with your arm at your side? ☐ Yes ☐ No

Does your elbow allow you to sleep comfortably? ☐ 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 result: _____
☐ CT scan result: _____
☐ MRI result: _____
☐ EMG result: _____
☐ arthrogram result: _____
☐ other result: _____

**Please continue to next page.**

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Reviewed by _____ MD Date _____



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## CURRENT HEALTH ASSESSMENT

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 | Yes, limited a little | No, not limited at all |
|---|---|---|---|
| Moderate activities, such as moving a table, pushing a vacuum cleaner, bowling, or playing golf | ☐ | ☐ | ☐ |
| Climbing several flights of stairs | ☐ | ☐ | ☐ |

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 the time | Most of the time | A good bit of the time | Some of the time | A little of the time | None of the time |
|---|---|---|---|---|---|---|
| Have you felt calm and peaceful? | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| Did you have a lot of energy? | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| Have you felt downhearted and blue? | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |

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

**Thank you for completing this information!**

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Submit Reset