



ELBOW PAIN QUESTIONNIARE

PLEASE READ: This questionnaire is designed to enable us to understand how much your low back pain has affected your ability to manage your everyday activities. Please answer each section by circling the **ONE CHOICE** that most applies to you. We realize that you may feel that more than one statement may relate to you, but **PLEASE JUST CIRCLE THE ONE CHOICE WHICH MOST CLOSELY DESCRIBES YOUR PROBLEM RIGHT NOW.**

SECTION 1 - Pain Intensity

- A I have no pain at the moment.
- B The pain is intermittent or mild.
- C The pain is mild but constant.
- D The pain is constant and moderately limits use of the arm.
- E The pain is constant and severely limits use of my arm.
- F The pain is constant, and I am unable to use that arm.

SECTION 6- Working

- A I can do as much work as I want to without pain.
- B I can do all of my usual work, but it increases my pain.
- C I can do most, but not all, of my usual work because of my pain.
- D I can do about half of my usual work because of my pain.
- E I can hardly do any work at all because of my pain.
- F I can't do any work at all because of my pain.

SECTION 2 - Strength

- A I can lift the heaviest weights I need to without pain.
- B I can lift heavy weights, but it increases my pain.
- C My pain prevent me from lifting more than moderate weights (ex. a gallon of milk).
- D My pain prevent me from safely lifting more than light weight (ex. a dish or book)
- E I frequently drop even light objects due to weakness in my elbow.
- F I avoid lifting anything with my involved elbow.

SECTION 7 – Writing/Typing Tolerance

- A I can write or type as long as I need to without pain.
- B I can write or type for as long as I want, but it increases my pain.
- C I can write or type for 31-60 minutes before my pain increases.
- D I can write or type for 11-30 minutes before my pain increases.
- E I can write or type for only 10 minutes or less before my pain increases.
- F I am unable to write or type using my involved elbow

SECTION 3 - Driving

- A I can drive my car without any pain.
- B I can drive my car as long as I want, but it increases my pain.
- C I can drive my car for 31-60 minutes before my pain increases.
- D I can drive my car for 11-30 minutes before my pain increases.
- E I can drive my car for only 10 minutes or less before my pain increases.
- F I am unable to use that arm for driving

SECTION 8 – Personal Care

- A I can look after myself normally without any pain.
- B I can look after myself normally, but it causes increased pain.
- C It is uncomfortable to look after myself and I am slow and careful. .
- D I can only partially use my elbow and sometimes use the other arm instead.
- E I can only partially use my elbow and mostly use the other arm.
- F Pain prevents me from looking after myself.

SECTION 4- House & Yard Work

- A I have no limitations with house or yard work.
- B I am able to do all house & yard work necessary if I take breaks.
- C I am able to do all house & yard work necessary, but it increases my pain.
- D I am able to do some, but not all, house & yard work; it increases my pain.
- E I am able to do only the minimum of house & yard work because of my pain..
- F I am unable to do any house or yard work because of my pain.

SECTION 9– Numbness & Tingling

- A I have no numbness or tingling.
- B The numbness or tingling is intermittent.
- C The numbness or tingling is constant but does not limit use of that arm.
- D The numbness or tingling is constant and moderately limits use of that arm.
- E The numbness or tingling is constant and severely limits use of that arm.
- F Due to constant numbness or tingling, I am unable to use that arm.

SECTION 5- Sleeping

- A I have no trouble sleeping.
- B My sleep is slightly disturbed by pain (it wakes me 1 time/night)
- C My sleep is mildly disturbed by pain (it wakes me 2 times/night).
- D My sleep is moderately disturbed by pain (it wakes me 3-4 times/night).
- E My sleep is greatly disturbed by pain (it wakes me 5-6 times/night)
- F My sleep is completely disturbed by pain (it wakes me 7-8 times/night)

SECTION 10- Recreation/Sports

- A I am able to engage in all my recreation/sport activities with no pain.
- B I am able to engage in all my recreation/sports activities with some pain.
- C I am able to engage in most, but not all of my usual recreation/sport activities because of my pain.
- D I am able to engage in a few of my usual recreation/sports activities because of pain.
- E I can hardly do any recreation/sports activities because of my pain.
- F I am unable to do any recreation/sports activities because of pain.

SIGNATURE: _____ **DATE:** _____ **SCORE:** _____