

Name: \_\_\_\_\_

DOB: \_\_\_\_\_

## Elbow and Wrist Questionnaire

This questionnaire asks about your symptoms as well as your ability to perform certain activities.

Please answer every question, based on your condition **in the last week**, by circling the appropriate number.

If you did not have the opportunity to perform an activity in the past week, please make the best estimate of which response would be the most accurate.

It doesn't matter which hand or arm you use to perform the activity; please answer based on your ability regardless of how you perform the task.

Please rate your pain level with activity:

**NO PAIN = 0 1 2 3 4 5 6 7 8 9 10 = VERY SEVERE PAIN**

Difficulty Level:	None	Mild	Moderate	Severe	Unable
Open a tight jar or new jar	1	2	3	4	5
Do heavy household chores (e.g. wash walls, floors)	1	2	3	4	5
Carry a shopping bag or briefcase	1	2	3	4	5
Wash your back					
Use a knife to cut food	1	2	3	4	5
Recreational activities in which you take some force or impact through your wrist or elbow (e.g., golf, hammering, tennis, etc.)	1	2	3	4	5
During the past week, how much difficulty have you had sleeping because of the pain in your wrist or elbow?	1	2	3	4	5

Limitation Level:	None	Slightly	Moderate	Very	Extreme
During the past week, to what extent has your wrist or elbow problem interfered with your normal social activities with family, friends, neighbors and groups?	1	2	3	4	5
During the past week, were you limited in your work or other regular daily activities as a result of your elbow or wrist?	1	2	3	4	5

Severity Level:	None	Mild	Moderate	Severe	Extreme
During the past week, how severe was the pain in your wrist, elbow or surrounding areas	1	2	3	4	5
During the past week, how severe was the tingling (pins and needles) in your wrist, elbow or surrounding areas?	1	2	3	4	5