

OCS Rehab: Patient Rated Elbow Evaluation

Name: _____

Date: _____

The questions below will help us understand the amount of difficulty you have had with your elbow in the past week. You will be describing your **average** elbow symptoms **over the past week** on a scale 0-10. If you did not perform an activity, please **ESTIMATE** the pain or difficulty you would expect. If you have **never** performed the activity, you may leave it blank.

1. Pain: Rate the average amount of pain in your elbow **over the past week** by circling the number that best describes your pain on a scale from 0-10. A **zero** (0) means that you **did not have any pain** and a **ten** (10) means that you had **the worst pain you have ever experienced**.

When its at its worst	0 1 2 3 4 5 6 7 8 9 10
At rest	0 1 2 3 4 5 6 7 8 9 10
When lifting a heavy object	0 1 2 3 4 5 6 7 8 9 10
When doing a task with repeated elbow movement	0 1 2 3 4 5 6 7 8 9 10
How often do you have pain (0= never 10= always)	0 1 2 3 4 5 6 7 8 9 10

2. Function:

- A. Specific Activities: Rate the **amount of difficulty** you experienced performing each of the items listed below, over the past week, by circling the number that best describes your difficulty on a scale of 0-10. A **zero** (0) means you did not experience any difficulty and a **ten** (10) means it was so difficult you were unable to do it at all.

Comb my hair	0 1 2 3 4 5 6 7 8 9 10
Eat with a fork or spoon	0 1 2 3 4 5 6 7 8 9 10
Pull a heavy object	0 1 2 3 4 5 6 7 8 9 10
Use my arm to rise from a chair	0 1 2 3 4 5 6 7 8 9 10
Carry a 10 pound object with hand at my side	0 1 2 3 4 5 6 7 8 9 10
Throw a small object such as a tennis ball	0 1 2 3 4 5 6 7 8 9 10
Use a telephone	0 1 2 3 4 5 6 7 8 9 10
Do up buttons on front of my shirt	0 1 2 3 4 5 6 7 8 9 10
Wash my opposite armpit	0 1 2 3 4 5 6 7 8 9 10
Tie my shoe	0 1 2 3 4 5 6 7 8 9 10
Turn the doorknob and open a door	0 1 2 3 4 5 6 7 8 9 10

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- B. Usual Activities: Rate the **amount of difficulty** you experienced performing your **usual** activities in each of the areas listed below, over the past week, by circling the number that best describes your difficulty on a scale of 0-10. By “usual activities”, we mean the activities that you performed **before** you started having a problem with your elbow. A **zero** (0) means you did not experience any difficulty and a **ten** (10) means it was so difficult you were unable to do any of your usual activities.

Personal Activities (Washing, Dressing)	0	1	2	3	4	5	6	7	8	9	10
Household Maintenance	0	1	2	3	4	5	6	7	8	9	10
Work (your job or everyday work)	0	1	2	3	4	5	6	7	8	9	10
Recreational Activities	0	1	2	3	4	5	6	7	8	9	10