## **Elbow Pain Questionnaire**

Name			
Which elbow is bothering you? Let	ft Righ	t Both	
Are your left handed or right handed? Left	ft Righ	t	
Did your elbow pain start with a specific injury:  If yes: Date of injury:  Mechanism of injury		No	
Is the injury work related?	Yes	No	
Did your elbow pain start with a particular activ If yes, what activity started the pain?	•	No	
If there was no injury, when did the pain start? _			
What part of your elbow hurts? Front	Inside	Outside	Back
What are your primary sports and/or activities?			
How would you describe your pain? (constant,	intermittent, m	ild, severe, et	tc.)
Does your pain radiate up or down your arm?	Yes	No	
Do any of the following increase your elbow pa	in?		
Lifting or carrying:	Yes	Minimally	No
Grasping:	Yes	Minimally	No
Throwing motion:	Yes	Minimally	No
Motion of the elbow:	Yes	Minimally	No
Repetitive motion:	Yes	Minimally	No
Work activities:	Yes	Minimally	No
Sports:	Yes	Minimally	No
Is there anything else that increases your	pain?		
Do any of the following decrease your pain?			
Rest:	Yes	Minimally	No
Ice:	Yes	Minimally	No
Heat:	Yes	Minimally	No
Over the counter medicines (Tylenol/Adv		Minimally	No
Prescription pain medicines:	Yes	Minimally	No
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Do vou have an	y of the following symptoms?			
•	or catching in your elbow:	Yes	Minimally	No
	s of the elbow:	Yes	Minimally	
Stiffness:		Yes	Minimally	
Decrease	d grip strength:	Yes	Minimally	No
Neck pair		Yes	Minimally	
Numbnes	ss or tingling in your arm:	Yes	Minimally	No
Pain at ni		Yes	Minimally	No
Are there any o	ther symptoms regarding your elbow?			
•	any prior surgery to your elbow(s)?		you have the	No surgery
•	any prior surgery to your elbow(s)?  nat type of surgery did you have and v		you have the	
If yes, when the second in the	nat type of surgery did you have and very surgery did you have and very surgery did your elbow pair	vhen did y		
If yes, where we will be seen the seen of	nat type of surgery did you have and very prior treatment for your elbow pair e injections:	n such as:		
If yes, when the second in the	nat type of surgery did you have and very prior treatment for your elbow pair e injections:	when did y		surgery
If yes, when the second	nat type of surgery did you have and very prior treatment for your elbow pair therapy:  ou think your elbow pain is:	n such as: Yes Yes		surgery
If yes, where we will be seen the seen	nat type of surgery did you have and very prior treatment for your elbow pair is injections: therapy:  ou think your elbow pain is: etter?	n such as: Yes Yes		No No No
If yes, when the second	nat type of surgery did you have and very prior treatment for your elbow pair is injections: therapy:  ou think your elbow pain is: etter?	n such as: Yes Yes		No No
If yes, where we will be a contisoned and a contisoned an	nat type of surgery did you have and very prior treatment for your elbow pair is injections: therapy:  ou think your elbow pain is: etter?  worse?  ny x-rays taken of your elbow(s):	yhen did y  n such as: Yes Yes Yes Yes		No No No No
If yes, where the second of th	nat type of surgery did you have and very prior treatment for your elbow pair is injections: therapy:  ou think your elbow pain is: etter?  worse?	yhen did y n such as: Yes Yes Yes Yes Yes		No No No No
If yes, where we will be a contisoned and a contisoned an	nat type of surgery did you have and very prior treatment for your elbow pair is injections: therapy:  ou think your elbow pain is: etter?  vorse?  ny x-rays taken of your elbow(s):  Date of x-rays:	yhen did y n such as: Yes Yes Yes Yes Yes		No No No No
If yes, when the second	nat type of surgery did you have and very prior treatment for your elbow pair is injections: therapy:  ou think your elbow pain is: etter?  worse?  ny x-rays taken of your elbow(s):  Date of x-rays:  X-ray facility:  n MRI of your elbow(s):	yhen did y n such as: Yes Yes Yes Yes Yes		No No No No