

PROBLEMS WITH YOUR ELBOW

During the past 4 weeks.....

✓tick one box
for each question

1.	<i>During the past 4 weeks.....</i>	Have you had difficulty lifting things in your home, such as putting out the rubbish, <u>because of your elbow problem</u>?				
	No difficulty	A little bit of difficulty	Moderate difficulty	Extreme difficulty	Impossible to do	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2.	<i>During the past 4 weeks.....</i>	Have you had difficulty carrying bags of shopping, <u>because of your elbow problem</u>?				
	No difficulty	A little bit of difficulty	Moderate difficulty	Extreme difficulty	Impossible to do	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3.	<i>During the past 4 weeks.....</i>	Have you had any difficulty washing yourself <u>all over</u>, <u>because of your elbow problem</u>?				
	No difficulty	A little bit of difficulty	Moderate difficulty	Extreme difficulty	Impossible to do	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4.	<i>During the past 4 weeks.....</i>	Have you had any difficulty dressing yourself, <u>because of your elbow problem</u>?				
	No difficulty	A little bit of difficulty	Moderate difficulty	Extreme difficulty	Impossible to do	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5.	<i>During the past 4 weeks.....</i>	Have you felt that your elbow problem is “controlling your life”?				
	No, not at all	Occasionally	Some days	Most days	Every day	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
6.	<i>During the past 4 weeks.....</i>	How much has your elbow problem been “on your mind”?				
	Not at all	A little of the time	Some of the time	Most of the time	All of the time	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Please turn to next page ➡

During the past 4 weeks.....

✓tick one box
for each question

7. *During the past 4 weeks.....*
Have you been troubled by pain from your elbow in bed at night?

Not at all 1 or 2 nights Some nights Most nights Every night

8. *During the past 4 weeks.....*
How often has your elbow pain interfered with your sleeping?

Not at all Occasionally Some of the time Most of the time All of the time

9. *During the past 4 weeks.....*
How much has your elbow problem interfered with your usual work or everyday activities?

Not at all A little bit Moderately Greatly Totally

10. *During the past 4 weeks.....*
Has your elbow problem limited your ability to take part in leisure activities that you enjoy doing?

No, not at all Occasionally Some of the time Most of the time All of the time

11. *During the past 4 weeks.....*
How would you describe the worst pain you have from your elbow?

No pain Mild pain Moderate pain Severe pain Unbearable

12. *During the past 4 weeks.....*
How would you describe the pain you usually have from your elbow?

No pain Mild pain Moderate pain Severe pain Unbearable