



Elbow - DRAM (Distress and Risk Assessment Method)

Patient's name (or ref)

The modified ZUNG Depression Index and the Modified Somatic Perception Questionnaire make up the DRAM (Distress and Risk Assessment Method):
Modified Somatic Perception Questionnaire

Please describe how you have felt during the PAST WEEK by marking a check mark (✓) in the appropriate box. Please answer all questions. Do not think too long before answering.

	Not at all	A little, slightly	A great deal, quite a bit	Extremely, could not have been worse
1. Heart rate increase	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. Feeling hot all over	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. Sweating all over	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. Sweating in a particular part of the body	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. Pulse in neck	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. Pounding in head	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7. Dizziness	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8. Blurring of vision	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9. Feeling faint	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10. Everything appearing unreal	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
11. Nausea	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
12. Butterflies in stomach	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
13. Pain or ache in stomach	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
14. Stomach churning	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
15. Desire to pass water	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
16. Mouth becoming dry	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
17. Difficulty swallowing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
18. Muscles in neck aching	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
19. Legs feeling weak	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
20. Muscles twitching or jumping	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
21. Tense feeling across forehead	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
22. Tense feeling in jaw muscles	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Total:

Modified Zung Depression Index

Please indicate for each of these questions which answer best describes how you have been feeling

	Rarely or none of the time (less than 1 day per week)	Some or little of the time (1-2 days per week)	A moderate amount of time (3-4 days per week)	Most of the time (5-7 days per week)
1. I feel downhearted and sad	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. Morning is when I feel best	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. I have crying spells or feel like it	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. I have trouble getting to sleep at night	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. I feel that nobody cares	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. I eat as much as I used to	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7. I still enjoy sex	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8. I notice I am losing weight	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9. I have trouble with constipation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10. My heart beats faster than usual	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
11. I get tired for no reason	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
12. My mind is as clear as it used to be	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
13. I tend to wake up too early	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
14. I find it easy to do the things I used to	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
15. I am restless and can't keep still	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
16. I feel hopeful about the future	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
17. I am more irritable than usual	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

18. I find it easy to make a decision	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
19. I feel quite guilty	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
20. I feel that I am useful and needed	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
21. My life is pretty full	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
22. I feel that others would be better off I were dead	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
23. I am still able to enjoy the things I used to	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Total

DRAM (Distress and Risk Assessment Method):