



Patient's Name: .....

Elbow Surgery Questionnaire – Before / after your operation

## PROBLEMS WITH YOUR ELBOW

Tick (✓) one box for every question.

### 1. During the past 4 weeks...

Have you had difficulty lifting things in your home, such as putting out the rubbish, because of your elbow problem?

No difficulty

A little bit of difficulty

Moderate difficulty

Extreme difficulty

Impossible to do

### 2. During the past 4 weeks...

Have you had difficulty carrying bags of shopping, because of your elbow problem?

No difficulty

A little bit of difficulty

Moderate difficulty

Extreme difficulty

Impossible to do

### 3. During the past 4 weeks...

Have you had any difficulty washing yourself all over, because of your elbow problem?

No difficulty

A little bit of difficulty

Moderate difficulty

Extreme difficulty

Impossible to do

### 4. During the past 4 weeks...

Have you had any difficulty dressing yourself, because of your elbow problem?

No difficulty

A little bit of difficulty

Moderate difficulty

Extreme difficulty

Impossible to do

### 5. During the past 4 weeks...

Have you felt that your elbow problem is "controlling your life"?

No, not at all

Occasionally

Some days

Most days

Every day

### 6. During the past 4 weeks...

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

**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
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**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
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**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
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**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
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**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
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**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
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Finally, please check back that you have answered each question.**

**Thank you very much.**