

# Elbow Intake Form

**By answering the following questions, your doctor will have a better idea about your baseline level of function, and can help determine your improvement after treatment. We appreciate you answering each question – even though we know some are repetitive!**

How bad is your pain today? (0 = “no pain at all” and 100 = “pain as bad as it can be”) \_\_\_\_\_

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

1. 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. 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. 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. 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. Have you felt that your elbow problem is “controlling your life”?  
No, not at all      Occasionally      Some days      Most days      Every day
6. 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. 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 nights
8. How often has your elbow pain interfered with your sleeping?  
No, not at all      Occasionally      Some days      Most days      All of the time
9. How much has your elbow problem interfered with your usual work or everyday activities?  
Not at all      A little bit      Moderately      Greatly      Totally
10. Has your elbow problem limited your ability to take part in leisure activities that you enjoy doing?  
No, not at all      Occasionally      Some days      Most days      All of the time
11. How would you describe the worst pain you had from your elbow?  
No pain      Mild pain      Moderate pain      Severe pain      Unbearable
12. How would you describe the pain you usually had from your elbow?  
No pain      Mild pain      Moderate pain      Severe pain      Unbearable

**For each of the following questions, please circle the letter** that best describes your participation in that particular activity.

1. Do you participate in contact sports (such as, but not limited to, football, rugby, soccer, basketball, wrestling, boxing, lacrosse, etc...)  
**A** No      **B** Yes, **without** officiating      **C** Yes, **with** officiating      **D** Yes, at a professional level
2. Do you participate in sports that involve hard overhand throwing (such as baseball, cricket or football quarterback), overhead service (such as tennis or volleyball), or lap/distance swimming?  
**A** No      **B** Yes, **without** officiating      **C** Yes, **with** officiating      **D** Yes, at a professional level