This questionnaire has been designed to give your Physical Therapist information as to how your elbow / wrist / hand pain has affected your ability to manage in everyday life. Please answer every section and mark only ONE box which best applies to you at this moment.

SECTION 1 – PAIN INTENSITY
- I have no pain in my elbow/wrist/hand.
- The pain in my elbow/wrist/hand is intermittent or mild.
- The pain in my elbow/wrist/hand is mild but constant.
- The pain in my elbow/wrist/hand is constant and moderately limits use of that arm.
- The pain in my elbow/wrist/hand is constant and severely limits use of that arm.
- The pain is my elbow/wrist/hand is constant, and I am unable to use that arm.

SECTION 2 – NUMBNESS and TINGLING
- I have no numbness or tingling in my elbow/wrist/hand.
- The numbness or tingling in my elbow/wrist/hand is intermittent.
- The numbness or tingling in my elbow/wrist/hand is constant but does not limit use of that arm.
- The numbness or tingling in my elbow/wrist/hand is constant and moderately limits use of that arm.
- The numbness or tingling in my elbow/wrist/hand is constant and severely limits use of that arm.
- Due to constant numbness or tingling in my elbow/wrist/hand, I am unable to use that arm.

SECTION 3 – PERSONAL CARE (Washing, Dressing, etc.)
- I can look after myself normally without any symptoms.
- I can look after myself normally, but it causes increased symptoms.
- It is uncomfortable to look after myself, and I am slow and careful.
- I can only partially use my elbow/wrist/hand and sometimes use my other elbow/wrist/hand instead.
- I can only partially use my elbow/wrist/hand and mostly use my other elbow/wrist/hand instead.
- I am unable to use my elbow/wrist/hand for any personal care and always use my other elbow/wrist/hand instead.

SECTION 4 - STRENGTH
- I can lift the heaviest weights I need to without symptoms.
- I can lift heavy weights, but it increases my elbow/wrist/hand symptoms.
- My elbow/wrist/hand symptoms prevent me from lifting more than moderate-weights (example: a gallon of milk).
- My elbow/wrist/hand symptoms prevent me from safely lifting more than light-weights (example: a dish or book).
- I frequently drop even light objects due to weakness in my elbow/wrist/hand.
- I avoid lifting anything with my involved hand.

SECTION 5 – WRITING / TYPING TOLERANCE
- I can write or type as long as I need to without symptoms.
- I can write or type for as long as I want, but it increases my symptoms.
- I can write or type for 31-60 minutes before my elbow/wrist/hand symptoms increase.
- I can write or type for 11-30 minutes before my elbow/wrist/hand symptoms increase.
- I can write or type for only 10 minutes or less before my elbow/wrist/hand symptoms increase.
- I am unable to write or type using my involved elbow/wrist/hand.
SECTION 6 - WORK
- I can do as much work as I want to.
- I can do all of my usual work, but it increases my symptoms.
- I can do most, but not all, of my usual work because of my symptoms.
- I can do about half of my usual work because of my symptoms.
- I can hardly do any work at all because of my elbow/wrist/hand symptoms.
- I cannot do any work at all because of my elbow/wrist/hand symptoms.

SECTION 7 - DRIVING
- I can drive my car without any elbow/wrist/hand symptoms.
- I can drive my car as long as I want, but it increases my symptoms.
- I can drive my car for 31-60 minutes before my elbow/wrist/hand symptoms increase.
- I can drive my car for 11-30 minutes before my elbow/wrist/hand symptoms increase.
- I can drive my car for only 10 minutes or less before my elbow/wrist/hand symptoms increase.
- I am unable to use that arm for driving.

SECTION 8 - SLEEPING
- I have no trouble sleeping.
- My sleep is slightly disturbed by elbow/wrist/hand symptoms. (It wakes me 1 time during the night.)
- My sleep is mildly disturbed by elbow/wrist/hand symptoms. (It wakes me 2 times during the night.)
- My sleep is moderately disturbed by elbow/wrist/hand symptoms. (It wakes me 3-4 times during the night.)
- My sleep is greatly disturbed by elbow/wrist/hand symptoms. (It wakes me 5-6 times during the night.)
- My sleep is completely disturbed by elbow/wrist/hand symptoms. (It wakes me 7-8 times during the night or more.)

SECTION 9 – HOUSE AND YARD WORK
- I have no elbow/wrist/hand limitations with house or yard work.
- I am able to do all house and yard work necessary if I take breaks.
- I am able to do all house and yard work necessary, but increases my elbow/wrist/hand symptoms.
- I am able to do some, but not all, house and yard work; it increases my elbow/wrist/hand symptoms.
- I am able to do only the minimum of house and yard work because of my elbow/wrist/hand symptoms.
- I am unable to do any house or yard work because of my symptoms.

SECTION 10 – RECREATION and SPORTS
- I am able to engage in all my recreational/sport activities with no elbow/wrist/hand symptoms.
- I am able to engage in all my recreation/sports activities with some symptoms in my elbow/wrist/hand.
- I am able to engage in most, but not all of my usual recreation/sports activities because of symptoms in my elbow/wrist/hand.
- I am able to engage in a few of my usual recreation/sports activities because of symptoms in my elbow/wrist/hand.
- I can hardly do any recreation/sports activities because of symptoms in my elbow/wrist/hand.
- I am unable to do any recreation/sports activities because of symptoms in my elbow/wrist/hand.

Please mark an “X” on the line below which represents the amount of pain you have had in the past 24 hours. The scale is from no pain at all to worst pain possible.

<table>
<thead>
<tr>
<th>Score</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>No pain at all</td>
<td>100%</td>
</tr>
<tr>
<td>Worst pain possible</td>
<td>100%</td>
</tr>
</tbody>
</table>
Spine & Sport Physical Therapy
Elbow / Wrist / Hand Functional Assessment

NAME: ____________________________ DATE: ________________

Instructions: When your elbow / wrist / hand hurts, you may find it hard to do some of the things you usually do. The list below contains some sentences people have used to describe themselves when they have elbow / wrist / hand pain. Some sentences may describe you today. When you read a sentence that describes you today, put an “X” in the box beside it. If it does not describe you today, leave the space beside it blank. **Check only sentences that describe you today.**

- I stay home most of the time because of my elbow / wrist / hand.
- 2. When I sit, I change position frequently to get my elbow / wrist / hand comfortable.
- 3. Because of my elbow / wrist / hand, I am not doing any of the jobs that I usually do around the house.
- 4. Because of my elbow / wrist / hand, I lie down and rest more often.
- 5. Because of my elbow / wrist / hand, I have difficulty getting out of an easy chair.
- 6. I get dressed more slowly than usual because of my elbow / wrist / hand.
- 7. Because of my elbow / wrist / hand, I try to get other people to do things for me.
- 8. My elbow / wrist / hand is painful almost all of the time.
- 9. Running is difficult because of my elbow / wrist / hand.
- 10. My appetite is not good because of my elbow / wrist / hand.
- 11. I have trouble putting my shoes and socks on because of my elbow / wrist / hand.
- 12. I walk only short distances because of my elbow / wrist / hand.
- 13. I sleep less because of my elbow / wrist / hand.
- 14. Because of my elbow / wrist / hand pain, I get dressed with help from someone else.
- 15. I sit down for most of the day, because of my elbow / wrist / hand.
- 16. Because of my elbow / wrist / hand, it takes me longer to get going in the mornings.
- 17. Because of my elbow / wrist / hand pain, I am more irritable and bad tempered with people than usual.
- 18. I need to modify my fitness activities because of my elbow / wrist / hand.