

Elbow Pain Questionnaire

Which elbow is bothering you? Left Right Both

Are you right or left handed? Left Right

Did your elbow pain start with a specific injury? Yes No

If yes: Date of injury: _____

Mechanism of injury: _____

Is the injury work related: Yes No

Did your elbow pain start with a particular activity? Yes No

If yes, what activity started the pain? _____

If there was no injury, when did the pain start? _____

What part of your elbow hurts? Front Outside Back Deep inside

How would you describe your pain? (constant, intermittent, mild, moderate, severe, etc.) _____

Does your pain radiate up or down your arm? Yes No

Do any of the following increase your elbow pain?

Lifting or carrying: Yes Minimally No

Repetitive motion: Yes Minimally No

Work activities: Yes Minimally No

Is there anything else that increases your pain? _____

Do any of the following decrease your pain?

Rest: Yes Minimally No

Ice: Yes Minimally No

Heat: Yes Minimally No

Over the counter medicines (Tylenol/Advil): Yes Minimally No

Prescription pain medicines: Yes Minimally No

Is there anything else that decreases your pain? _____

(turn over)

