

Shoulder and Elbow Self Evaluation



<p>Which hand do you throw with? Right Left</p> <p>How long have you had shoulder or elbow pain? []</p> <p>What started the pain?</p> <p>[]</p> <p>[]</p> <p>[]</p>	<p>Do you have pain in the shoulder or elbow at night? Yes No</p> <p>Do you take pain medication? Yes No</p> <p>Do you take narcotic pain medication? Yes No</p> <p>How many pills do you take a day? []</p> <p>What pain pills do you take?</p> <p>[]</p> <p>[]</p>
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<p>How bad is your pain?</p> <p style="text-align: center;">0 1 2 3 4 5 6 7 8 9 10</p> <p style="text-align: center;">No pain at all Worst possible</p>	<p>How unstable (dislocating) is your shoulder?</p> <p style="text-align: center;">0 1 2 3 4 5 6 7 8 9 10</p> <p style="text-align: center;">Not unstable Very</p>
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<p>Mark where your pain is on this drawing.</p> <div style="text-align: center;"> </div> <p>X= sharp pain O= burning pain</p>	<p>Mark where your nerve symptoms are on this drawing.</p> <div style="text-align: center;"> </div> <p>N= numbness E= electricity C= coldness</p>
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Circle the number in the box that indicates your ability to do the following activities
 0= Unable to do 1= Very difficult to do 2= Somewhat difficult to do 3= Normal

Activity	Right Arm				Left Arm			
Sleep on your painful side	0	1	2	3	0	1	2	3
Put your arm back through the sleeve of a coat or shirt	0	1	2	3	0	1	2	3
Wash your back or fasten a bra in back	0	1	2	3	0	1	2	3
Manage normal toileting/wiping	0	1	2	3	0	1	2	3
Comb your hair or wash your head	0	1	2	3	0	1	2	3
Reach a high shelf above your shoulder level	0	1	2	3	0	1	2	3
Lift 10 pounds at your side	0	1	2	3	0	1	2	3
Wash you opposite armpit	0	1	2	3	0	1	2	3
Reach your mouth with your hand to eat	0	1	2	3	0	1	2	3
Turn a doorknob and open a door	0	1	2	3	0	1	2	3
Throw a ball overhand	0	1	2	3	0	1	2	3
Do usual work-Please List:	0	1	2	3	0	1	2	3
Do usual sports-Please List:	0	1	2	3	0	1	2	3