

DATE: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

NAME: \_\_\_\_\_

MRN: \_\_\_\_\_

For the following questions, please indicate what percent satisfaction you have regarding **BOTH** of your **Elbow**

**0% = TERRIBLE/Not satisfied at all**      **100% = GREAT/Completely satisfied**

(Or **choose A NUMBER between 0 and 100** to show your satisfaction)

1. How satisfied are you with the ***comfort (lack of pain)*** in your elbow ***when you are not using it?***

Right  %      Left  %

2. How satisfied are you with the ***comfort (lack of pain)*** in your elbow ***during or after activity?*** (e.g. work, school, chores, sports)

Right  %      Left  %

3. How satisfied are you with your ability to ***sleep through the night*** without your elbow bothering you?

Right  %      Left  %

4. How satisfied are you with the ***mobility ('range-of-motion')*** of your elbow?

Right  %      Left  %

5. How satisfied are you with the ***stability (how secure it feels in its socket)*** or your elbow?

Right  %      Left  %

6. How satisfied are you with the ***strength*** of your elbow?

Right  %      Left  %

7. How satisfied are you with your elbow's ability to do ***your regular chores and/or everyday activities?***

Right  %      Left  %

8. How satisfied are you with your elbow's ability to do ***your regular work activities?*** (write N/A if you do not work/are retired)

Right  %      Left  %

9. How satisfied are you with your elbow's ability when you do ***your regular fitness/exercises/sports?*** (write N/A if you do not do/play)

Right  %      Left  %

10. How satisfied are you ***with getting through the day and not feeling worried or frustrated*** about your elbow?

Right  %      Left  %

**Thank you for completing this questionnaire!**

OFFICE USE ONLY

**RIGHT:**

Non-Operative

Pre-Operative

Post-Operative

Date of Sx: \_\_\_\_\_

Procedure: \_\_\_\_\_

**LEFT:**

Non-Operative

Pre-Operative

Post-Operative

Date of Sx: \_\_\_\_\_

Procedure: \_\_\_\_\_