

Name: _____

Date: _____

For quality of care and to ensure therapists focus on your specific goals, **insurance providers now mandate that therapists provide a standardized functional assessment.** Please complete the following. Thank you!

PATIENT RATED FOREARM & ELBOW EVALUATION

The questions below will help us understand how much difficulty you have had with your forearm/elbow in the past week. You will be describing your **average** symptoms **over the past week** on a scale of 0-10. Please provide an answer for **ALL** questions. If you did not perform an activity, please **ESTIMATE** the pain or difficulty you would expect. If you have **never** performed the activity, you can leave it blank.

1. PAIN

Rate the **average** amount of pain in your wrist over the past week by circling the number that best describes your pain on a scale from 0-10. A zero (**0**) means that you **did not** have any pain and a **ten (10)** means that you had the **worst pain you have ever experienced** or that **you could not do the activity because of pain.**

	No Pain										Worst Ever											
Pain at rest	0	1	2	3	4	5	6	7	8	9	10	0	1	2	3	4	5	6	7	8	9	10
When doing a task with repeated movement	0	1	2	3	4	5	6	7	8	9	10	0	1	2	3	4	5	6	7	8	9	10
When carrying a grocery bag	0	1	2	3	4	5	6	7	8	9	10	0	1	2	3	4	5	6	7	8	9	10
Pain when it is at its worst	0	1	2	3	4	5	6	7	8	9	10	0	1	2	3	4	5	6	7	8	9	10
Pain when it is at it's least	0	1	2	3	4	5	6	7	8	9	10	0	1	2	3	4	5	6	7	8	9	10

	Never										Always											
How often do you have pain?	0	1	2	3	4	5	6	7	8	9	10	0	1	2	3	4	5	6	7	8	9	10

2A. FUNCTION -SPECIFIC ACTIVITIES

Rate the **amount of difficulty** you experienced performing each of the items listed below over the past week by circling the number that describes your difficulty on a scale of 0-10. A **zero (0)** means you did not experience any difficulty and a **ten (10)** means it was so difficult you were unable to do it at all.

	No Difficulty										Unable											
Turn a door knob or key	0	1	2	3	4	5	6	7	8	9	10	0	1	2	3	4	5	6	7	8	9	10
Carry a grocery bag or briefcase by the handle	0	1	2	3	4	5	6	7	8	9	10	0	1	2	3	4	5	6	7	8	9	10
Lift a coffee cup or glass to your mouth	0	1	2	3	4	5	6	7	8	9	10	0	1	2	3	4	5	6	7	8	9	10
Open a jar	0	1	2	3	4	5	6	7	8	9	10	0	1	2	3	4	5	6	7	8	9	10
Pull up pants	0	1	2	3	4	5	6	7	8	9	10	0	1	2	3	4	5	6	7	8	9	10
Wring out a washcloth	0	1	2	3	4	5	6	7	8	9	10	0	1	2	3	4	5	6	7	8	9	10

2B. FUNCTION - USUAL ACTIVITIES

Rate the **amount of difficulty** you experienced performing your **usual** activities in each of the areas listed below, over the past week, by circling the number that best describes your difficulty on a scale of 0-10. By "usual activities", we mean the activities you performed **before** you started having a problem with your wrist or hand. A **zero (0)** means that you did not experience any difficulty and a **ten (10)** means it was so difficult you were unable to do any of your usual activities.

	No Difficulty										Unable											
Personal care activities (dressing, washing)	0	1	2	3	4	5	6	7	8	9	10	0	1	2	3	4	5	6	7	8	9	10
Household work (cleaning, maintenance)	0	1	2	3	4	5	6	7	8	9	10	0	1	2	3	4	5	6	7	8	9	10
Work (your everyday activities at home/work/school)	0	1	2	3	4	5	6	7	8	9	10	0	1	2	3	4	5	6	7	8	9	10
Recreational activities (sports/hobbies/leisure/music)	0	1	2	3	4	5	6	7	8	9	10	0	1	2	3	4	5	6	7	8	9	10

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Score = Total Pain Score + (Total Function Score)/2