

Please check the box that describes your elbow during the past 4 weeks...

- 1) Have you had any difficulty lifting things in your home, such as putting out the trash, because of your elbow problem?
☐ No difficulty
☐ A little bit of difficulty
☐ Moderate difficulty
☐ Extreme difficulty
☐ Impossible to do
- 2) Have you had difficulty carrying shopping bags because of your elbow problems?
☐ No difficulty
☐ A little bit of difficulty
☐ Moderate difficulty
☐ Extreme difficulty
☐ Impossible to do
- 3) Have you had any difficulty washing yourself all over, because of your elbow problems?
☐ No difficulty
☐ A little bit of difficulty
☐ Moderate difficulty
☐ Extreme difficulty
☐ Impossible to do
- 4) Have you had any difficulty dressing yourself, because of your elbow problem?
☐ No difficulty
☐ A little bit of difficulty
☐ Moderate difficulty
☐ Extreme difficulty
☐ Impossible to do
- 5) Have you felt that your elbow problem is "controlling your life"?
☐ No, not at all
☐ Occasionally
☐ Some days
☐ Most days
☐ Every day
- 6) How much has your elbow problem been on your mind?
☐ Not at all
☐ A little of the time
☐ Some of the time
☐ Most of the time
☐ All of the time
- 7) Have you been troubled by pain from your elbow at night?
☐ No, not at all
☐ 1 or 2 nights
☐ Some nights
☐ Most nights
☐ Every night

Continued on next page...



Office Use Only
OXFORD WRIST EVALUATION FORM

NAME _____

S.O.C. _____ REF MD _____

- 8) How often has your elbow pain interfered with your sleeping?
- ☐ No, not at all
 - ☐ Occasionally
 - ☐ Some days
 - ☐ Most days
 - ☐ Every day
- 9) How much as your elbow problem interfered with your usual work or everyday activities?
- ☐ Not at all
 - ☐ A little bit
 - ☐ Moderately
 - ☐ Greatly
 - ☐ Totally
- 10) Has your elbow problem limited your ability to take part in leisure activities that you enjoy doing?
- ☐ No, not at all
 - ☐ Occasionally
 - ☐ Some days
 - ☐ Most days
 - ☐ Every day
- 11) How would you describe the worst pain you had from your elbow?
- ☐ No pain
 - ☐ Mild Pain
 - ☐ Moderate Pain
 - ☐ Severe Pain
 - ☐ Unbearable
- 12) How would you describe the pain you usually have from your elbow?
- ☐ No pain
 - ☐ Mild Pain
 - ☐ Moderate Pain
 - ☐ Severe Pain
 - ☐ Unbearable