PATIENT-RATED TENNIS ELBOW EVALUATION

Name _____ Date_____

*The questions below will help us understand the amount of difficulty you have had with your arm in the past week. You will be describing your **average** arm symptoms **over the past week** on a scale 0-10. Please provide an answer for all questions. If you did not perform an activity because of pain or because you were unable circle "10". If you are unsure, please estimate to the best of your ability. Only leave items blank if you never perform that activity. Please indicate this by drawing a line completely through the question.*

1. PAIN in your affected arm
*Rate the average amount of pain in your arm **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 imaginable.***

RATE YOUR PAIN:

	No Pain								Worst Imaginable		
When you are at rest	0	1	2	3	4	5	6	7	8	9	10
When doing a task with repeated arm movement	0	1	2	3	4	5	6	7	8	9	10
When carrying a plastic bag of groceries	0	1	2	3	4	5	6	7	8	9	10
When your pain was at its least	0	1	2	3	4	5	6	7	8	9	10
When your pain was at its worst	0	1	2	3	4	5	6	7	8	9	10

2. FUNCTIONAL DISABILITY

A. SPECIFIC ACTIVITIES
*Rate the **amount of difficulty** you experienced performing each of the tasks listed below, over the past week, by circling the number that best 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 To Do		
Turn a doorknob or key	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
Lift a full coffee cup/glass of milk to your mouth	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
Pull up pants	0	1	2	3	4	5	6	7	8	9	10
Wring out a washcloth or wet towel	0	1	2	3	4	5	6	7	8	9	10

B. 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 that you performed **before** you started having a problem with your arm. A **zero** (0) means you did not experience any difficulty and a **ten** (10) means it was so difficulty you were unable to do any of your usual activities.*

	No Difficulty								Unable To Do		
Personal activities (dressing, washing)	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
Work (your job or everyday work)	0	1	2	3	4	5	6	7	8	9	10
Recreational or sporting activities	0	1	2	3	4	5	6	7	8	9	10

Comments: _____

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Scoring Instructions

Minimize non-response by checking forms when patients complete them. Make sure that the patient left an item blank because they could not do it, that they understand that should have recorded this item as a "10". If patients are unsure because they have rarely performed an activity in the past week, then they should be encouraged to estimate their average difficulty. This will be more accurate than leaving it blank. If they never perform an activity they will not be able to estimate and should leave it blank. If items from a subscale are left blank, then you can substitute the average score from that subscale.

Pain Subscale- Add up 5 items. Best score= 0; Worst score =50
Specific Activities- Add up 6 items Best Score= 0; Worst Score = 60
Usual Activities – Add up 4 items items Best Score= 0; Worst Score = 40
Function Subscale- (Specific Activities + Usual Activities)/2- Best score= 0; Worst score =100
Total Score = Pain Subscale + Function Subscale Best Score= 0 Worst Score = 150
(pain and disability contribute equally to score)
MCID: 11
Reliability of subscales and total score are sufficiently high that both subscales and total are reportable.