

ELBOW QUESTIONNAIRE

Advanced Sportsmedicine Center

1. FULL NAME: _____ AGE: _____ TODAY'S DATE: ____/____/____

2. Which elbow bothers you? RIGHT LEFT BOTH

3. When was the **first time** you ever had elbow symptoms? _____

4. When did your **present** elbow problem begin and how did it occur? _____

5. Have you had prior **right** elbow injuries? YES NO If so, when & what? _____

6. Have you had prior **left** elbow injuries? YES NO If so, when & what? _____

7. What part of your elbow hurts? LATERAL (Outer part) MEDIAL (Inner part) FRONT BACK
FOREARM AREA NONE

8. Describe the type of pain you have: CONSTANT INTERMITTENT SHARP DULL STABBING
BURNING ACHING NONE

9. Do you have pain while trying to sleep at night? YES NO

10. What causes elbow pain? BENDING ELBOW STRAIGHTENING ELBOW LIFTING WRIST
MOTION/ROTATION NONE OTHER _____

11. My elbow pain is now getting: WORSE BETTER STAYING THE SAME NONE

12. My elbow: POPS LOCKS/CATCHES GRINDS SWELLS DOES NONE OF THESE

13. My elbow/forearm/hand/finger(s) have: LOSS OF SENSATION TINGLING NONE OF THESE

14. Are activities of daily living limited? YES NO
If so, please list activities UNABLE to perform: _____

15. Have you had elbow X-rays? YES NO If so, when & where? _____

16. Have you had an elbow MRI? YES NO If so, when & where? _____

17. Has a doctor evaluated your elbow? YES NO If so, whom? _____

18. Check any elbow treatments you have tried before today:

ICE HEAT REST/DECREASED ACTIVITIES GLUCOSAMINE/CHONDROITIN
HOME REHAB/EXERCISES INJECTIONS PHYSICAL THERAPY MSM HERBAL REMEDIES
NONE ELBOW MEDICATIONS (Please list) _____

WHICH TREATMENTS HAVE HELPED? NONE (Please list) _____

WHICH TREATMENTS HAVE WORSENERD YOUR CONDITION? NONE (Please list) _____