

# Shoulder and Elbow Self Evaluation



Name: \_\_\_\_\_ Age: \_\_\_\_\_ Date: \_\_\_\_\_ Record Number: \_\_\_\_\_

<p>Which hand do you throw with? <input type="checkbox"/> right <input type="checkbox"/> left</p> <p>How long have you had shoulder or elbow pain? <input style="width:100px;" type="text"/></p> <p>What started the pain?</p> <input style="width:100%; height:20px;" type="text"/> <input style="width:100%; height:20px;" type="text"/> <input style="width:100%; height:20px;" type="text"/> <input style="width:100%; height:20px;" type="text"/>	<p>Do you have pain in the shoulder or elbow at night? <input type="checkbox"/> yes <input type="checkbox"/> no</p> <p>Do you take pain medication? <input type="checkbox"/> yes <input type="checkbox"/> no</p> <p>Do you take narcotic pain medication? <input type="checkbox"/> yes <input type="checkbox"/> no</p> <p>How many pain pills do you take a day? <input style="width:50px;" type="text"/></p> <p>What pain pills do you take?</p> <input style="width:100%; height:20px;" type="text"/> <input style="width:100%; height:20px;" type="text"/>
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<p>How bad is your pain?</p> <p style="text-align: center;">0 1 2 3 4 5 6 7 8 9 10</p> <p style="text-align: center;">No pain at all <span style="float: right;">Worst possible pain</span></p>	<p>How unstable (dislocating) is your shoulder?</p> <p style="text-align: center;">0 1 2 3 4 5 6 7 8 9 10</p> <p style="text-align: center;">Not unstable <span style="float: right;">Very unstable</span></p>
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Mark where your pain is on this drawing:

**X= sharp pain    O= burning pain**

Mark where your nerve symptoms are on this drawing:

**N= numbness    E= electricity    C= coldness**

Circle the number in the box that indicates your ability to do the following activities:  
 0= Unable to do    1= Very difficult to do    2= Somewhat difficult to do    3= normal

Activity	Right Arm	Left Arm
Sleep on your painful side	0 1 2 3	0 1 2 3
Put your arm back through the sleeve of a coat or shirt	0 1 2 3	0 1 2 3
Wash your back or fasten a bra in back	0 1 2 3	0 1 2 3
Manage normal toileting / wiping	0 1 2 3	0 1 2 3
Comb your hair or wash your head	0 1 2 3	0 1 2 3
Reach a high shelf above your shoulder level	0 1 2 3	0 1 2 3
Lift 10 pounds above your shoulder	0 1 2 3	0 1 2 3
Carry 10 pounds at your side	0 1 2 3	0 1 2 3
Wash your opposite armpit	0 1 2 3	0 1 2 3
Reach your mouth with your hand to eat	0 1 2 3	0 1 2 3
Turn a doorknob and open a door	0 1 2 3	0 1 2 3
Throw a ball overhand	0 1 2 3	0 1 2 3
Do usual work - Please List:	0 1 2 3	0 1 2 3
Do usual sports - Please List:	0 1 2 3	0 1 2 3