

Optimal Performance Physical Therapy

Patient-Rated Forearm Evaluation

Name: _____ **Signature:** _____ **Date:** _____

The questions below will help us understand how much pain and 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 of 0 to 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 performed that activity. If you never performed an activity, you may leave it blank.

PAIN - 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 of 0 to 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:	Never										Always
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 is at its least	0	1	2	3	4	5	6	7	8	9	10
When your pain is at its worst	0	1	2	3	4	5	6	7	8	9	10

FUNCTION

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

	No Difficulty										Unable To Do
Turning a door knob	0	1	2	3	4	5	6	7	8	9	10
Carrying a plastic bag of groceries	0	1	2	3	4	5	6	7	8	9	10
Lifting a full coffee cup or glass to your mouth	0	1	2	3	4	5	6	7	8	9	10
Opening a jar	0	1	2	3	4	5	6	7	8	9	10
Pulling up pants	0	1	2	3	4	5	6	7	8	9	10
Wringing out a face-cloth or dishrag	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 to 10. By "usual activities," we mean the activities you performed before you started having a problem with your arm. 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 To Do
Personal care activities (dressing, washing, etc.)	0	1	2	3	4	5	6	7	8	9	10
Household work (cleaning, maintenance, etc.)	0	1	2	3	4	5	6	7	8	9	10
Work (your usual job) or main activity	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