

## ARM QUESTIONNAIRE

PATIENT NAME: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_

CIRCLE APPROPRIATE ANSWER (leave blank if you do not understand the question):																			
1	WHICH ARM IS BOTHERING YOU?								RIGHT	LEFT									
2	ON A SCALE OF 0-10 (10 IS THE WORST) HOW SEVERE IS YOUR PAIN?								0	1	2	3	4	5	6	7	8	9	10
3	WHAT KIND OF PAIN ARE YOU HAVING?																		
	YES	NO	SHARP				YES	NO	THROBBING										
	YES	NO	DULL				YES	NO	ACHING										
	YES	NO	STABBING				YES	NO	BURNING										
4	DO YOU HAVE?																		
	YES	NO	NUMBNESS				YES	NO	SWELLING										
	YES	NO	TINGLING																
	YES	NO	WEAKNESS																
5	THE PAIN IS NOW?					6	DOES YOUR PAIN?												
	YES	NO	CONSTANT				YES	NO	WAKE YOU FROM YOUR SLEEP										
	YES	NO	COMES AND GOES				YES	NO	KEEP YOU FROM SLEEPING										
7	SINCE MY PROBLEM STARTED , IT IS?																		
	BETTER		WORSE		UNCHANGED														
8	WHAT MAKES YOUR SYMPTOMS WORSE?																		
	DRIVING		TYPING		SLEEPING		EXERCISE		LIFTING		REPETITIVE USE								
									Other										
9	WHAT MAKES YOUR SYMPTOMS BETTER?																		
	REST	ICE	HEAT		VITAMIN B6		PHYSICAL THERAPY		Other										
10	YES	NO	HAVE YOU INJURED THIS ARM BEFORE?																
	IF YES, WHEN?																		
11	YES	NO	HAVE YOU SEEN ANOTHER DOCTOR FOR THIS PROBLEM?																
	IF YES, USE CHECK BOXES BELOW TO DESCRIBE TREATMENTS:																		
	TREATMENT					DID IT HELP?		TREATMENT			DID IT HELP?								
	ANTI-INFLAMMATORIES					YES	NO	INJECTION			YES	NO							
	SLING					YES	NO	SURGERY			YES	NO							
	PHYSICAL/OCCUPATIONAL THERAPY					YES	NO	NARCOTICS			YES	NO							
	HOME EXERCISE PROGRAM					YES	NO	CAST			YES	NO							
12	IF YOU HAVE HAD SURGERY ON YOUR ARM BEFORE, WHEN DID YOU HAVE IT?																		
13	YES	NO	WERE YOU SEEN IN THE EMERGENCY ROOM FOR THIS PROBLEM?																
	IF YES, WHICH EMERGENCY ROOM?																		
14	WHAT TESTS HAVE YOU HAD FOR THIS PROBLEM?																		
15	IF YOU HAVE HAD X-RAYS,CAT SCAN, OR AN MRI, WHERE WERE THEY TAKEN?																		

