

Patient Name: \_\_\_\_\_ Age \_\_\_\_\_ Side:  Left  Right

Date: \_\_\_\_\_ Exam:  Pre-op  3M  6M  1yr  Other: \_\_\_\_\_

**ELBOW FORM SECTION 1 – PAIN & FUNCTION (ASES)**

**1. PAIN: How bad is your pain today?** (mark an “X”)

0    1    2    3    4    5    6    7    8    9    10

No pain at all Pain as bad as it can be

**2. FUNCTION: Circle the number that indicates your ability to do each activity.**

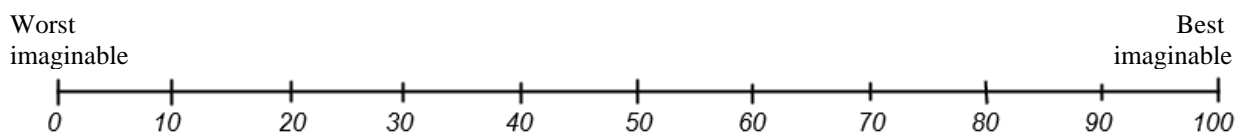
**0 = Unable to do    1 = Very difficult    2 = Somewhat difficult    3 = Not difficult**

Activity	AFFECTED arm				Normal arm			
1. Put on a coat	0	1	2	3	0	1	2	3
2. Sleep on your affected side	0	1	2	3	0	1	2	3
3. Wash back/do up bra in back	0	1	2	3	0	1	2	3
4. Manage toileting	0	1	2	3	0	1	2	3
5. Comb hair	0	1	2	3	0	1	2	3
6. Reach a high shelf	0	1	2	3	0	1	2	3
7. Lift 10 lbs. above shoulder	0	1	2	3	0	1	2	3
8. Throw a ball overhand	0	1	2	3	0	1	2	3
9. Do usual work: _____	0	1	2	3	0	1	2	3
<input type="checkbox"/> Retired <input type="checkbox"/> Student								
10. Do usual sport: _____	0	1	2	3	0	1	2	3

**SECTION 2 – GLOBAL RATING (SANE Score & EQ5D VAS)**

**1. On a GLOBAL scale of 0-100%, how would you RATE YOUR ELBOW TODAY as a % of normal (consider lost sleep, pain, activity modifications)? \_\_\_\_\_ % (100% = Normal)**

**2. Please indicate how good (or bad) your overall HEALTH STATE is today by marking an “X” on the line below.**



**\*\* Please TURN OVER and complete the remaining sections on the other side \*\***

\*\*\*\*\* This page is for the Surgeon to complete \*\*\*\*\*

## **American Shoulder and Elbow Surgeons Score (ASES)**

### **Scoring Guide:**

#### **Step 1. Pain Questionnaire:**

Question 1 Value: \_\_\_\_\_ Points Pain Score:

Pain Score:  $5 \times (10 - \text{Question 1 Value})$

Pain Score: \_\_\_\_\_ Points

#### **Step 2. Activities of Daily Living (ADL) Questionnaire for affected elbow:**

ADL Raw Score: Summation of points

ADL Raw Score: \_\_\_\_\_ Points (*total of Q1 to Q10*)

ADL Score:  $5 \times (\text{raw score})$

ADL Score: \_\_\_\_\_<sup>3</sup> Points

#### **Step 3. Final ASES Score:**

Final Score = Pain Score (*in step 1*) + ADL Score (*in step 2*)

Final score: \_\_\_\_\_ Points

Scores range from 0 to 100 with a score of 0 indicating a worse shoulder condition and 100 indicating a better shoulder condition.

## SECTION 3 – OVERALL HEALTH (EQ5D)

Please tick the box that best describes your health state today.

### 1. Mobility

- I have no problems walking about
- I have some problems in walking about
- I am confined to bed

### 2. Self-Care

- I have no problems with self-care
- I have some problems washing or dressing myself
- I am unable to wash or dress myself

### 3. Usual Activities (e.g. work, study, housework, family or leisure activities)

- I have no problems with performing my usual activities
- I have some problems with performing my usual activities
- I am unable to perform my usual activities

### 4. Pain/Discomfort

- I have no pain or discomfort
- I have moderate pain or discomfort
- I have extreme pain or discomfort

### 5. Anxiety/Depression

- I am not anxious or depressed
- I am moderately anxious or depressed
- I am extremely anxious or depressed

## SECTION 4 – WORK STATUS

Have you returned to work since your ELBOW INJURY/SURGERY?

- I was not working before my shoulder injury/surgery, for reasons unrelated to my shoulder. (student/retired/unemployed)
- No, I have not returned to work.
- Yes, I am working. If yes, please indicate whether you work regular or modified duties/hour
  - Duties:**  Regular/Full  Modified
  - Hours:**  Regular  Modified
  - Date you returned to work (d/m/y):** \_\_\_\_\_

\*\*\* If you have **NOT** had surgery yet, please skip the sections below. \*\*\*

## SECTION 5 – POST-OPERATIVE COMPLICATIONS

Have you had any of the following problems directly related to your shoulder surgery?

	Yes	No	I don't know
INFECTION of the shoulder requiring ANTIBIOTICS?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Excessive SWELLING in your shoulder requiring treatment by a doctor?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Further SURGERY to your shoulder for problems with the original procedure/surgery?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other MEDICAL complications such as a blood clot? (describe): _____	<input type="checkbox"/>	<input type="checkbox"/>	

\*\*\*\*\* THANK YOU FOR COMPLETING THIS QUESTIONNAIRE \*\*\*\*\*

# QuickDASH

Please rate your ability to do the following activities in the last week by circling the number below the appropriate response.

	NO DIFFICULTY	MILD DIFFICULTY	MODERATE DIFFICULTY	SEVERE DIFFICULTY	UNABLE
1. Open a tight or new jar.	1	2	3	4	5
2. Do heavy household chores (e.g., wash walls, floors).	1	2	3	4	5
3. Carry a shopping bag or briefcase.	1	2	3	4	5
4. Wash your back.	1	2	3	4	5
5. Use a knife to cut food.	1	2	3	4	5
6. Recreational activities in which you take some force or impact through your arm, shoulder or hand (e.g., golf, hammering, tennis, etc.).	1	2	3	4	5

	NOT AT ALL	SLIGHTLY	MODERATELY	QUITE A BIT	EXTREMELY
7. During the past week, <i>to what extent</i> has your arm, shoulder or hand problem interfered with your normal social activities with family, friends, neighbours or groups?	1	2	3	4	5

	NOT LIMITED AT ALL	SLIGHTLY LIMITED	MODERATELY LIMITED	VERY LIMITED	UNABLE
8. During the past week, were you limited in your work or other regular daily activities as a result of your arm, shoulder or hand problem?	1	2	3	4	5

Please rate the severity of the following symptoms in the last week. (circle number)

	NONE	MILD	MODERATE	SEVERE	EXTREME
9. Arm, shoulder or hand pain.	1	2	3	4	5
10. Tingling (pins and needles) in your arm, shoulder or hand.	1	2	3	4	5

	NO DIFFICULTY	MILD DIFFICULTY	MODERATE DIFFICULTY	SEVERE DIFFICULTY	SO MUCH DIFFICULTY THAT I CAN'T SLEEP
11. During the past week, how much difficulty have you had sleeping because of the pain in your arm, shoulder or hand? (circle number)	1	2	3	4	5

QuickDASH DISABILITY/SYMPTOM SCORE =  $\left( \left[ \frac{\text{sum of n responses}}{n} \right] - 1 \right) \times 25$ , where n is equal to the number of completed responses.

A QuickDASH score may **not** be calculated if there is greater than 1 missing item.