PATIENT RATED ULNAR NERVE EVALUATION

The questions below will help us to understand the amount of pain or difficulty you experience because of your hand/arm. You will be describing your **average** experience **over the past week.**

RATE YOUR PAIN :	0=No Pair			n to						10 =	= Wo	t Po	Possible			
When it is at its worst				0	1	2	3	4	5	6	7	8	9	10		
At rest				0	1	2	3	4	5	6	7	8	9	10		
In the morning				0	1	2	3	4	5	6	7	8	9	10		
After work/activity				0	1	2	3	4	5	6	7	8	9	10		
At night (when sleeping)				0	1	2	3	4	5	6	7	8	9	10		
How often do you have pain?	Never	0	1	2	: 3	4	. 5	6	7	8	9	1	0 4	Always		
RATE YOUR OTHER SYMPTOMS:	0= Noi			ne to)				10= Worst Possible		
Numbness in my little(5th) finger				0	1	2	3	4	5	6	7	8	9	10		
"Pins and needles" in my little finger				0	1	2	3	4	5	6	7	8	9	10		
Unable to control the position/movement of I	my little			0	1	2	3	4	5	6	7	8	9	10		
Weakness in my hand (pinch/grip)				0	1	2	3	4	5	6	7	8	9	10		

RATE YOUR DIFFICULTY 0= No diff	0= No difficulty			to							10= Completely				
Performing These Activities unable											ınable				
Eat (use fork, knife, or chopsticks)	()	1	2	3	4	5	6	7	8	9	10			
Lift a heavy object	()	1	2	3	4	5	6	7	8	9	10			
Hold an object (a tool, book, phone or electronic device) for 1 hour	()	1	2	3	4	5	6	7	8	9	10			
Repeated reaching	()	1	2	3	4	5	6	7	8	9	10			
Tasks with repetitive finger use —like typing, playing musical instruments or handling small objects	()	1	2	3	4	5	6	7	8	9	10			
Turn a key/doorknob/handle	()	1	2	3	4	5	6	7	8	9	10			
<u>Usual Activities</u> - Rate your difficulty doing the <i>usual</i> activities that you did <u>before your hand/arm</u>															
<u>problem started</u> . 0 means you have <u>no difficulty</u> with <u>ANY</u> of your usual activities; and <u>10</u> means you															
are <u>completely unable</u> to <u>ANY</u> of your usual activities. 10= Completely															
0= No difficulty unable															
Personal care activities (like washing, dressing)	()	1	2	3	4	5	6	7	8	9	10			
Household (cleaning, maintenance)	()	1	2	3	4	5	6	7	8	9	10			
Work (your job or everyday work)	()	1	2	3	4	5	6	7	8	9	10			
Recreational activities	()	1	2	3	4	5	6	7	8	9	10			