## PATIENT RATED ULNAR NERVE EVALUATION

Name:
Date:
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 DIFFICULTY  <br> Performing These Activities $\mathbf{0 =}$ No $\boldsymbol{d}$ | O= No difficulty |  | to |  |  |  |  | $\begin{gathered} \text { 10 Completely } \\ \text { unable } \end{gathered}$ |  |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| Eat (use fork, knife, or chopsticks) | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| Lift a heavy object | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 |  | 10 |
| Hold an object (a tool, book, phone or electronic device) for 1 hour | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| Repeated reaching | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| Tasks with repetitive finger use -like typing, playing musical instruments or handling small objects | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 |  | 10 |
| Turn a key/doorknob/handle | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| Usual Activities- Rate your difficulty doing the usual activities that you did before your hand/arm problem started. $\mathbf{0}$ means you have no difficulty with $\underline{A N Y}$ of your usual activities; and $\underline{10}$ means you are completely unable to ANY of your usual activities. |  |  |  |  |  |  |  |  |  |  |  |
| Personal care activities (like washing, dressing) | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| Household (cleaning, maintenance) | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| Work (your job or everyday work) | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| Recreational activities | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |

