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 **PAIN**:	***0=No Pain*** *to* ***10 = Worst 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 **10** **Always**

RATE YOUR **OTHER SYMPTOMS:**	***0= None*** *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 my little finger	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 Performing These Activities**	***0= No difficulty*** *to* ***10= Completely unable***
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 9 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 9 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.* **0** *means you have **no difficulty** with ANY of your usual activities; and **10** means you are **completely unable** to ANY of your usual activities.* ***0= No difficulty*** ***10= Completely unable***	
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

Developer: Joy C MacDermid. Scoring Pain Scale= sum of 6 pain items(/60); Sensorimotor- Sum of 4 items(/40); Specific Function= Sum of 6 items(/60); Usual Function= Sum of 4 items (/40). Total Score= Total of all items divided by 2 (/100)