11/09/2017 OES

Oxford Elbow Score (OES)

1. During the past 4 weeks Have you had difficulty lifting things in your home, such as putting out the rubbish, because of your elbow problem?
□ No difficulty
☐ A little of difficulty
☐ Moderate difficulty
☐ Extreme difficulty
☐ Impossible to do
2. During the past 4 weeks Have you had difficulty carrying bags of shopping, because of your elbow problem?
□ No difficulty
☐ A little of difficulty
☐ Moderate difficulty
☐ Extreme difficulty
☐ Impossible to do
3. During the past 4 weeks Have you had any difficulty washing yourself all over, because of your elbow problem?
□ No difficulty
☐ A little of difficulty
☐ Moderate difficulty
☐ Extreme difficulty
☐ Impossible to do
4. During the past 4 weeks Have you had any difficulty dressing yourself, because of your elbow problem?
□ No difficulty
☐ A little of difficulty
☐ Moderate difficulty
☐ Extreme difficulty
☐ Impossible to do
5. During the past 4 weeks Have you felt that your elbow problem is "controlling your life"?
□ No, not at all
Occasionally
□ Some days
☐ Most days
Every day
6. During the past 4 weeks How much has your elbow problem been "on your mind"?
Not at all
a little of the time
Some of the time
Most of the time
All of the time
7. During the past 4 weeks Have you been troubled by pain from your elbow in bed at night?
□ Not at all
□ 1 or 2 nights
□ Some nights
Most nights
Evert nights
8. During the past 4 weeks How often has your elbow pain interfered with your sleeping?
Not at all
Occasionally
Some of the time
Most of the time
All of the time
9. During the past 4 weeks How much has your elbow problem interfered with your usual work or everyday activities? Not at all
A little bit
Moderately
Greatly
□ Totally

10. During the past 4 weeks... Has your elbow problem limited your ability to take part in leisure activities that you enjoy doing?

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☐ Not at all	
☐ Occasionally	
☐ Some of the time	
☐ Most of the time	
☐ All of the time	
11. During the past 4 weeks How would you describe the worst pain you have from	your elbow?
☐ No pain	
☐ Mild pain	
☐ Moderate pain	
☐ Severe pain	
Unbearable	
12. During the past 4 weeks How would you describe the pain you usually have fro	m your elbow?
☐ No pain	
☐ Mild pain	
☐ Moderate pain	
☐ Severe pain	
Unbearable	
Comment:	
Anwering date:	
Day 0 \$ Month 0 \$ Year 2015 \$	

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