



Date: \_\_\_\_\_

Account#: \_\_\_\_\_

Patient Name: \_\_\_\_\_

DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_

Which shoulder is Painful: Right Left

What is your Dominant Arm: Right Left

**Please choose a number between zero and ten which most closely approximates the pain you experience most of the time:**

<i>No Pain</i>	<i>Mild Pain</i>	<i>Moderate Pain</i>	<i>Moderate Pain</i>	<i>Severe Pain</i>	<i>Worst Pain Possible</i>					
0	1	2	3	4	5	6	7	8	9	10

		Yes	No
1	Is your shoulder comfortable with your arm at rest by your side?		
2	Does your shoulder allow you to sleep comfortably?		
3	Can you reach the small of your back to tuck in your shirt with your hand?		
4	Can you place your hand behind your head with the elbow straight out to the side?		
5	Can you place a coin on a shelf at the level of your shoulder without bending your elbow?		
6	Can you lift one pound (a full pint container) to the level of your shoulder without bending your elbow?		
7	Can you lift eight pounds (a full gallon container) to the level of your shoulder without bending your elbow?		
8	Can you carry twenty pounds at your side with the affected extremity?		
9	Do you think you can toss a softball underhand twenty yards with the affected extremity?		
10	Do you think you can toss a softball overhand twenty yards with the affected extremity?		
11	Can you wash the back of your opposite shoulder with the affected extremity?		
12	Would your shoulder allow you to work full-time at your regular job?		

**For each activity, choose the answer that indicates your ability to do the following activities: (Mark with an X)**

	Unable to do	Very Difficult to do	Somewhat Difficult	Not Difficult
1. Put on a coat				
2. Sleep on your painful or affected side				
3. Wash back/do up bra in back				
4. Manage toileting				
5. Comb hair				
6. Reach a high shelf				
7. Lift 10 lbs. above shoulder				
8. Throw a ball overhand				
9. Do usual work				
10. Do usual sport				

How would you rate your shoulder today as a percentage of normal? (0% to 100%) \_\_\_\_\_

Overall, are you satisfied with your shoulder? ( circle one)                      Satisfied                      Not satisfied

Have you been able to return to your previous sports or activities? (circle one)                      Yes                      No