

**PATIENT SHOULDER QUESTIONNAIRE**

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

Chart Number: \_\_\_\_\_

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

Age: \_\_\_\_\_

Sex: Male Female

Are you having pain in your shoulder? (Circle correct answer)

YES NO

If YES, which shoulder is painful?

LEFT RIGHT BOTH

Do you have neck pain?

YES NO

Do you have pain in your shoulder at night?

YES NO

Do you take pain medication? (aspirin, Tylenol, Advil, etc.)

YES NO

Do you take narcotic pain medication? (codeine or stronger)

YES NO

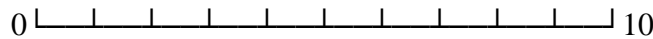
How many pills do you take each day?

\_\_\_\_\_ pills

Which is your dominant arm?

LEFT RIGHT

How bad is your pain today? (mark line)



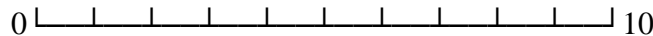
No pain at all

Pain as bad as it can be

Does your shoulder feel unstable? (as if it is going to dislocate)

YES NO

How unstable is your shoulder? (mark line)



Not unstable at all (normal)

Very unstable

Circle the number that indicates your ability to do the following activities:

0 = **Unable**    1 = **Very** difficult    2 = **Somewhat** difficult    3 = **Not** difficult

ACTIVITY	RIGHT ARM	LEFT ARM
1. Put on coat	0 1 2 3	0 1 2 3
2. Sleep on painful or affected side	0 1 2 3	0 1 2 3
3. Wash back / hook bra in back	0 1 2 3	0 1 2 3
4. Manage personal hygiene	0 1 2 3	0 1 2 3
5. Comb hair	0 1 2 3	0 1 2 3
6. Reach a high shelf	0 1 2 3	0 1 2 3
7. Lift 10 pounds above shoulder	0 1 2 3	0 1 2 3
8. Throw a ball overhand	0 1 2 3	0 1 2 3
9. Do usual work - List: _____	0 1 2 3	0 1 2 3
10. Do usual sport - List: _____	0 1 2 3	0 1 2 3

**Please answer each question below by circling “Yes” or “No”**

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