

## SHOULDER PAIN AND DISABILITY INDEX

NAME \_\_\_\_\_ DATE \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

There are 2 sections to this questionnaire. The first section relates to the **level of pain** you experience while the second section relates to the **level of difficulty** you experience due to your shoulder issue. Please answer based on your experience over the past week by circling the appropriate number.

### PAIN SCALE

(NO PAIN) 0 1 2 3 4 5 6 7 8 9 10 (EXCRUCIATING PAIN)

Please select the number that best describes the <b>level of pain</b> you experience when:											
It's at its worst	0	1	2	3	4	5	6	7	8	9	10
Lying on the involved side	0	1	2	3	4	5	6	7	8	9	10
Reaching for something on a high shelf	0	1	2	3	4	5	6	7	8	9	10
Touching the back of your neck	0	1	2	3	4	5	6	7	8	9	10
Pushing with the involved arm	0	1	2	3	4	5	6	7	8	9	10

### DISABILITY SCALE

(NO DIFFICULTY) 0 1 2 3 4 5 6 7 8 9 10 (UNABLE TO DO WITHOUT HELP)

Please select the number that best describes the <b>level of difficulty</b> you experience when you are:											
Washing your hair	0	1	2	3	4	5	6	7	8	9	10
Washing your back	0	1	2	3	4	5	6	7	8	9	10
Putting on an undershirt or jumper	0	1	2	3	4	5	6	7	8	9	10
Putting on a shirt that buttons down the front	0	1	2	3	4	5	6	7	8	9	10
Putting on your pants	0	1	2	3	4	5	6	7	8	9	10
Placing an object on a high shelf	0	1	2	3	4	5	6	7	8	9	10
Carrying a heavy object of 10 pounds (4.5kilograms)	0	1	2	3	4	5	6	7	8	9	10
Removing something from your back pocket	0	1	2	3	4	5	6	7	8	9	10