



Patient Name: _____

Today's Date: _____

Pain Scale (place an "X" on the line to describe pain):

0 1 2 3 4 5 6 7 8 9 10
 No pain Worst pain

Function (circle one): 0 1 2 3 4 5
 Not satisfactory Somewhat satisfactory Function satisfactory

Stability: Does your shoulder feel unstable (as if it's going to dislocate)? Yes No

How unstable is your shoulder? (place an "X" on the line):

0 1 2 3 4 5 6 7 8 9 10
 Very Stable Very Unstable

Function (check one):

- Unable to use shoulder
- Only light activities possible
- Able to do light housework or most daily activities of living
- Most housework, shopping, driving, able to do hair, and dress/undress including fastening brassiere
- Slight restrictions only
- Normal activities

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

0 = Unable to do 1 = Very difficult to do 2 = Somewhat able to do 3 = Not difficult to do

- | | | | |
|-------------------------------|---------|-----------------------------|---------|
| 1. Put on a coat | 0 1 2 3 | 6. Reach a high shelf | 0 1 2 3 |
| 2. Sleep on your painful side | 0 1 2 3 | 7. Lift 10lbs over shoulder | 0 1 2 3 |
| 3. Reach up behind back | 0 1 2 3 | 8. Throw ball overhead | 0 1 2 3 |
| 4. Manage "toileting" | 0 1 2 3 | 9. Do usual work | 0 1 2 3 |
| 5. Comb hair | 0 1 2 3 | 10. Do usual sport | 0 1 2 3 |

Pain (mark an "X" beside one of the following):

- _____ Pain all of the time and unbearable: strong medication frequently needed
- _____ Pain all of the time but bearable: strong medication used occasionally
- _____ Little or no pain at rest: pain present during light activities, anti-inflammatories frequently used
- _____ Pain during heavy or particular activities only; anti-inflammatories used occasionally
- _____ Occasional and slight
- _____ None