

Shoulder Pain and Disability Index

PATIENT NAME: _____

DATE: _____

Pain Scale: How severe is your pain?

Select the number that best describes the pain where: 0= no pain 10 = the worst pain imaginable.

At its worst?

0 1 2 3 4 5 6 7 8 9 10

When 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: How much difficulty do you have?

Select the number that best describes your experience where: 0 = no difficulty 10 = so difficult it requires help.

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 (4.5 kilograms)?

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