Name_____   Date_____

SHOULDER PAIN AND DISABILITY INDEX

The following is a questionnaire designed to inform us how your shoulder problem is affecting your ability to function. The questions are divided into two sections. You are asked to place marks on lines that represent your answers to each question. Please read each section carefully and answer the questions to the best of your ability.

Section 1—Pain Scale: The line next to each item represents the amount of pain you have in each situation. The far left of the line represents "No pain" and the far right of the line represents "Worst pain imaginable." Place a mark on the line to indicate how much pain you had during the past week in each of the following situations. Mark "NA" if you did not experience this situation during the past week.

EXAMPLE:
How severe is your pain:
When you are trying to sleep at night?   **Worst pain**
No pain_____X_____ imaginable_____NA
                         (A mark here indicates a moderate amount
                         of pain when trying to sleep at night.)

A. How severe is your pain:

1. At its worst?   Worst pain
       No pain_____ imaginable_____NA

2. When lying on the involved side ?   Worst pain
       No pain_____ imaginable_____NA

3. When reaching for something on a high shelf?   Worst pain
       No pain_____ imaginable_____NA

4. Touching the back of your neck?   Worst pain
       No pain_____ imaginable_____NA

5. Pushing with the involved arm?   Worst pain
       No pain_____ imaginable_____NA

Total_____/Possible_____=_____%

Section 2-Disability Scale: The line next to each item represents how much difficulty you had doing that activity. The far left of the line represents "No difficulty" and the far right of the line represents "So much difficulty you required help." Place a mark on the line to indicate the amount of difficulty you had doing each activity during the past week. Mark the item 'NA' if you did not do that activity during the past week.

B. How much difficulty do you have:

1. Washing your hair?   So difficult
     No difficulty_____ required help_____NA

2. Washing your back?   So difficult
     No difficulty_____ required help_____NA

3. Putting on an undershirt or pull over sweater?   So difficult
     No difficulty_____ required help_____NA

4. Putting on a shirt that buttons down the front?   So difficult
     No difficulty_____ required help_____NA

5. Putting on your pants?   So difficult
     No difficulty_____ required help_____NA

6. Placing an object on a high shelf?   So difficult
     No difficulty_____ required help_____NA

7. Carrying a heavy object of 10 pounds or more?   So difficult
     No difficulty_____ required help_____NA

8. Removing something from your back pocket?   So difficult
     No difficulty_____ required help_____NA

Total_____/Possible_____=_____%

_____+_____/2=_____%