

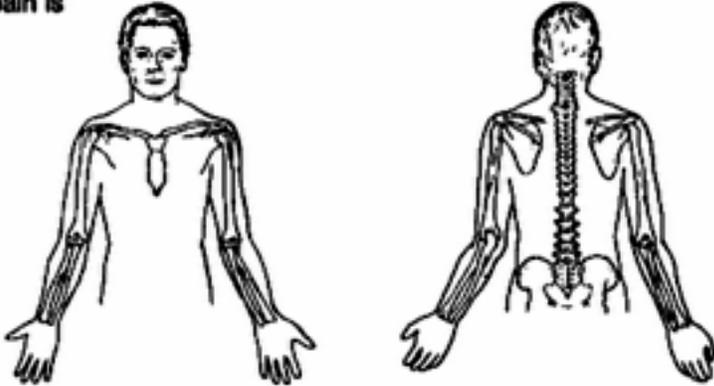
Shoulder Questionnaire

**This form is only be completed if the chief complaint is your shoulder injury/pain.*

Patient Self-Evaluation: Subjective Pain Description

Are you having pain in your shoulder? (circle correct answer) Yes _____ No _____

Mark where your pain is



Do you have pain in your shoulder at night?	Yes	No
Do you take pain medication (aspirin, Advil, Tylenol, etc.)?	Yes	No
Do you take narcotic pain medication (codeine or stronger)?	Yes	No
How many pills do you take each day (average)?	_____ pills	
How bad is your pain today (mark line)?	<div style="display: flex; justify-content: space-between; align-items: center;"> 0 _____ 10 </div>	
No pain at all	Pain as bad as it can be	

ASES Patient Self-Evaluation: Instability Questionnaire

Does your shoulder feel unstable (as if it is going to dislocate)? Yes _____ No _____

How unstable is your shoulder (mark line)?

0
10

Very Stable
Very Unstable

ASES Patient Self-Evaluation: Activity of Daily Living Questionnaire

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

Activity	Right Arm				Left Arm			
0 = unable to do; 1 = very difficult to do; 2 = somewhat difficult; 3 = not difficult	0	1	2	3	0	1	2	3
1. Put on a coat	0	1	2	3	0	1	2	3
2. Sleep on your painful or affected side	0	1	2	3	0	1	2	3
3. Wash back or do up bra in back	0	1	2	3	0	1	2	3
4. Manage toileting	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 lb above the 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

Total Score (R): _____ Total Score (L): _____

Simple Shoulder Test

Yes No

- | | | |
|-------------------------------------------------------------------------------------------------------------|-----------------------|-----------------------|
| 1. Is your shoulder comfortable with your arm at rest by you side? | <input type="radio"/> | <input type="radio"/> |
| <hr/> | | |
| 2. Does your shoulder allow you to sleep comfortably? | <input type="radio"/> | <input type="radio"/> |
| <hr/> | | |
| 3. Can you reach the small of your back to tuck in your shirt with your hand? | <input type="radio"/> | <input type="radio"/> |
| <hr/> | | |
| 4. Can you place your hand behind your head with the elbow straight out to the side? | <input type="radio"/> | <input type="radio"/> |
| <hr/> | | |
| 5. Can you place a coin on a shelf at the level of your shoulder without bending your elbow? | <input type="radio"/> | <input type="radio"/> |
| <hr/> | | |
| 6. Can you lift one pound (a full pint container) to the level of your shoulder without bending your elbow? | <input type="radio"/> | <input type="radio"/> |
| <hr/> | | |
| 7. Can you lift 8lbs (a full gallon container) to the level of your shoulder without bending your elbow? | <input type="radio"/> | <input type="radio"/> |
| <hr/> | | |
| 8. Can you carry 20lbs (a bag of potatoes) at your side with the affected extremity? | <input type="radio"/> | <input type="radio"/> |
| <hr/> | | |
| 9. Do you think you can toss a softball under-hand 20 yards with the affected extremity? | <input type="radio"/> | <input type="radio"/> |
| <hr/> | | |
| 10. Do you think you can toss a softball over-hand 20 yards with the affected extremity? | <input type="radio"/> | <input type="radio"/> |
| <hr/> | | |
| 11. Can you wash the back of the opposite shoulder with the affected extremity? | <input type="radio"/> | <input type="radio"/> |
| <hr/> | | |
| 12. Would your shoulder allow you to work full-time at your regular job? | <input type="radio"/> | <input type="radio"/> |
| <hr/> | | |