

Shoulder Pain and Disability Index

Please circle the number that best represents your experience during the last week attributable to your shoulder problem.

Pain Scale

How severe is your pain?

Circle the number that best describes your pain where: 0= no pain and 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?

Circle the number that best describes your experience where: 0= no difficulty and 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?	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

Print Name: _____

Date: _____

TO BE COMPLETED BY PHYSICAL THERAPIST:

Scoring Instructions:

Add all answers in each section to get total score

Interpretation of Scores:

- **Total pain score:** _____/50 x 100%

(Note: If a person does not answer all questions divide by the total possible score/ if 1 question is missed divide by 40)

- **Total Disability Score:** _____/ 80 * 100%
- **Total Spadi Score:** _____/ 130 * 100%

The means of the two subscales are averaged to produce a total score ranging from 0 (best) to 100 (worst)

Patients current Disability Rating: _____

Modifier Code	% impaired, limited or restricted
CH	0%
CI	1-19%
CJ	20-39%
CK	40-59%
CL	60-79%
CM	80-99%
CN	100%