SPOT – Subjective Patient Outcome Tracker®

.TE:/	//NAME:	MRN:
or the fol	llowing questions, please indicate what percen	t satisfaction you have regarding <u>BOTH</u> of your <u>SHOULDERS</u>
	<u>0% = TERRIBLE/Not satisfied at all</u>	100% = GREAT/Completely satisfied
	(Or <i>choose <u>A NUMBER</u> between</i>	n 0 and 100 to show your level of satisfaction)
	1. How satisfied are you with the connot using it?	mfort (lack of pain) in your shoulder when you are
	Right %	Left %
	2. How satisfied are you with the co. or after activity? (e.g. work, school, co.)	mfort (lack of pain) in your shoulder during chores, sports)
	Right %	Left %
	3. How satisfied are you with your a shoulder bothering you?	bility to <i>sleep through the night</i> without your
	Right %	Left %
	4. How satisfied are you with the mo	obility ('range-of-motion') of your shoulder?
	Right %	Left %
	5. How satisfied are you with the sto your shoulder?	ability (how secure it feels in its socket) of
	Right %	Left %
	6. How satisfied are you with the str	rength of your shoulder?
	Right %	Left %
		houlder's ability to do <i>your regular chores</i>
	Right %	Left %
	8. How satisfied are you with your since activities? (write N/A if you do not work	houlder's ability to do your regular work rk or are retired) OFFICE USE ONLY RIGHT: □ Non-Operative □ Pre-Operative
	Right %	Left % Post-Operative Date of Sx:
	9. How satisfied are you with your s fitness/exercises/sports? (write N/	shoulder's ability when you do <i>your regular</i>
	Right %	Left %
	10. How satisfied are you with getting or frustrated about your shoulder	g through the day and not feeling worried □ Non-Operative □ Pre-Operative □ Post-Operative
	Right %	Left % Date of Sx:
		Procedure: