

SPOT – Subjective Patient Outcome Tracker

DATE: ___/___/___

NAME: _____

MRN: _____

For the following questions, please indicate what percent satisfaction you have regarding **BOTH** of your **SHOULDERS**

0% = TERRIBLE/Not satisfied at all **100% = GREAT/Completely satisfied**

(Or **choose A NUMBER between 0 and 100** to show your level of satisfaction)

1. How satisfied are you with the **comfort (lack of pain)** in your shoulder **when you are not using it?**

Right % Left %

2. How satisfied are you with the **comfort (lack of pain)** in your shoulder **during or after activity?** (e.g. work, school, chores, sports)

Right % Left %

3. How satisfied are you with your ability to **sleep through the night** without your shoulder bothering you?

Right % Left %

4. How satisfied are you with the **mobility ('range-of-motion')** of your shoulder?

Right % Left %

5. How satisfied are you with the **stability (how secure it feels in its socket)** of your shoulder?

Right % Left %

6. How satisfied are you with the **strength** of your shoulder?

Right % Left %

7. How satisfied are you with your shoulder's ability to do **your regular chores and/or everyday activities?**

Right % Left %

8. How satisfied are you with your shoulder's ability to do **your regular work activities?** (write N/A if you do not work or are retired)

Right % Left %

9. How satisfied are you with your shoulder's ability when you do **your regular fitness/exercises/sports?** (write N/A if this does not apply)

Right % Left %

10. How satisfied are you **with getting through the day and not feeling worried or frustrated** about your shoulder?

Right % Left %

OFFICE USE ONLY

RIGHT:

- Non-Operative
 Pre-Operative
 Post-Operative
Date of Sx: _____

Procedure: _____

LEFT:

- Non-Operative
 Pre-Operative
 Post-Operative
Date of Sx: _____

Procedure: _____

Thank you for completing this questionnaire!