

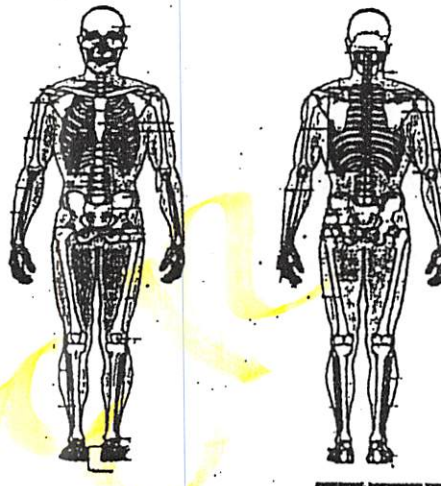
# PATIENT SELF EVALUATION

Are you having pain in your shoulder? (circle correct answer)

YES

NO

Mark where your pain is on this diagram:



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)?

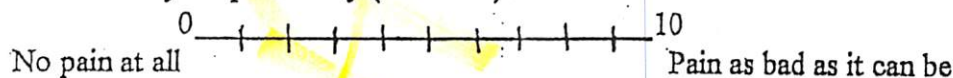
YES

NO

How many pills do you take each day (average)?

\_\_\_\_\_ pills

How bad is your pain today (mark line)?

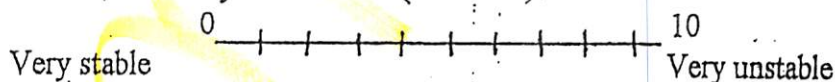


Does your shoulder feel unstable (as if it is going to dislocate)?

YES

NO

How unstable is your shoulder (mark line)?



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

0= Unable to do; 1= Very difficult to do; 2= Somewhat difficult; 3= Not difficult

ACTIVITY	RIGHT ARM	LEFT ARM
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/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 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