

Name: _____

Date of Birth: _____

Hospital Number: _____

Combined Shoulder Assessment

This questionnaire asks about your shoulder pain and its impact on your lifestyle. We use this as a tool to achieve a better understanding of how your shoulder is affecting you and ultimately improves the service that we offer you.

Date: _____ **Side:** Right/Left
Dominant Arm: Right/Left

PLEASE CIRCLE THE MOST APPROPRIATE RESPONSE FOR YOUR AFFECTED SHOULDER THROUGHOUT THIS QUESTIONNAIRE

	None	Mild	Moderate	Severe	Unbearable
How would you describe the pain you usually get from your shoulder?	1	2	3	4	5
How would you describe the worst pain from your shoulder?	1	2	3	4	5
How would you describe tingling in your arm, shoulder or hand?	1	2	3	4	5
	No difficulty	Mild difficulty	Moderate difficulty	Severe difficulty	Unable
How much difficulty have you had sleeping due to your shoulder?	1	2	3	4	5
How much difficulty have you had carrying shopping bags due to your shoulder?	1	2	3	4	5
How much difficulty have you had dressing yourself due to your shoulder?	1	2	3	4	5

	Yes, easily	Mild difficulty	Moderate difficulty	Severe difficulty	Unable
Can you hang clothes in a wardrobe with your affected arm?	1	2	3	4	5
Can you use a knife and fork at the same time?	1	2	3	4	5

	Not at all	Slightly	Moderately	Quite a bit	Extremely
How has your shoulder interfered with normal occupational activities?	1	2	3	4	5
How has your shoulder interfered with normal social activities?	1	2	3	4	5
How has your shoulder limited your leisure and recreational activities?	1	2	3	4	5
Have you found difficulty in playing sport/ instrument due to pain in your shoulder, arm or hand?	1	2	3	4	5

**THANK YOU FOR COMPLETING THIS QUESTIONNAIRE.
YOUR CLINICIAN WILL COMPLETE THE REST OF THE ASSESSMENT WITH YOU**

Forward Flexion (°)	Abduction (°)	IR	ER	
0-30	0-30	Thigh	Behind head, elbow forward	
31-60	31-60	Buttock	Behind head, elbow back	
61-90	61-90	SI Joint	Above head, elbow forward	
91-120	91-120	Waist	Above head, elbow back	
121-150	121-150	T12	Full elevation	
>150	>150	Between Scapulae	Strength (lbs)	