

Name: _____

Date: _____

Functional Score: _____ / 25

Pain Scale Score: _____ / 100

FOR THERAPIST USE ONLY

SHOULDER QUESTIONNAIRE

Please read the statements below and place a check next to the one response in each section that most closely resembles the problem that you have with your shoulder.

(a) Reaching Overhead

- ☐ My shoulder problem does not give me any limitations on overhead activities. (0)
- ☐ I have increased pain with overhead activities but am able to complete my required tasks. (1)
- ☐ I can do overhead activities of moderate duration due to pain or I have some restriction on reaching overhead.(2)
- ☐ I can do overhead activities of short duration or I have a lot of restriction on reaching overhead.(3)
- ☐ I cannot do overhead activities at all because of either pain or stiffness in my shoulder. (5)

(b) Sleeping

- ☐ My shoulder problem does not give me any problems while sleeping. (0)
- ☐ My shoulder problem stops me from sleeping on my injured shoulder but I still sleep well. (1)
- ☐ I wake up at least 2 times every night because of my shoulder problem. (2)
- ☐ I wake up at least 4 times every night because of my shoulder problem. (3)
- ☐ I wake up at least 6 times every night because of my shoulder problem. (4)
- ☐ I cannot sleep at all because of my shoulder problem. (5)

(c) Dressing

- ☐ I have no problem dressing, including activities that involve putting my hand behind my back. (0)
- ☐ My shoulder problem is noticeable while dressing but does not require me to get help or only wear certain clothes. (1)
- ☐ I am unable to dress without extra pain. (3)
- ☐ My shoulder problem results in me needing help while dressing and/or restricts the clothes that I can wear.(5)

(d) Self-care and Grooming

- ☐ My shoulder problem does not restrict me in brushing my teeth, hair or any similar activity. (0)
- ☐ I can perform activities of self-care and grooming but with extra pain. (3)
- ☐ I cannot perform one or some of the following activities because of my shoulder problem; brushing my teeth, cleaning under my armpit, washing or combing my hair. (5)

(e) Lifting and Carrying

- ☐ My shoulder problem does not restrict my lifting or carrying. (0)
- ☐ I can lift and carry heavy objects, but my shoulder problem limits me from lifting them overhead or carrying them by my side.(2)
- ☐ I can only lift or carry moderate objects. (3)
- ☐ I can only lift or carry light objects. (4)
- ☐ I cannot lift or carry anything because of my shoulder. (5)

VISUAL ANALOG PAIN SCALE

Make a mark (/) across the line which describes your pain between “No Pain at All” and “Worst Pain Possible.”

No Pain at All

Worst Pain Possible
