

OXFORD SHOULDER INSTABILITY SCORE

best = 4

worst = 0

1. During the last 6 months ...

how many times has your shoulder slipped out of joint (or dislocated)?

2. During the last 3 months ...

have you had any trouble (or worry) with putting on a T-shirt or pullover because of your shoulder?

3. During the last 3 months ...

how would you describe the worst pain you have had from your shoulder?

4. During the last 3 months ...

how much has the problem with your shoulder interfered with your usual work? (including school or college work, or housework)

5. During the last 3 months ...

have you avoided any activities due to worry about your shoulder – feared that it might slip out of joint?

6. During the last 3 months ...

has the problem with your shoulder prevented you from doing things that are important to you?

7. During the last 3 months ...

how much has the problem with your shoulder interfered with your social life? (including sexual activity – if applicable)

8. During the last 4 weeks ...

how much has the problem with your shoulder interfered with your sporting activities or hobbies?

9. During the last 4 weeks ...

how often has your shoulder been 'on your mind' – how often have you thought about it?

10. During the last 4 weeks ...

how much has the problem with your shoulder interfered with your ability or willingness – to lift heavy objects?

11. During the last 4 weeks ...

how would you describe the pain you usually had from your shoulder?

12. During the last 4 weeks ...

have you avoided lying in certain positions, in bed at night, because of your shoulder?

Comment:

Anwering date:

Day

0

Month

0

Year

0

submit