



***The following questions refer to daily activities.***

6. Considering all the ways you use your shoulder during daily, personal and household activities, (i.e. dressing, washing, driving, house chores, etc.) how would you describe your ability to use your shoulder?

- A) very severe limitation/unable
- B) severe limitation
- C) moderate limitation
- D) mild limitation
- E) no limitation

**Questions 7 - 11: during the past month, how much difficulty have you had in each of the following activities due to your shoulder.**

7. Putting on or removing a pullover sweater or shirt.

- A) unable
- B) severe difficulty
- C) moderate difficulty
- D) mild difficulty
- E) no difficulty

8. Combing or brushing your hair

- A) unable
- B) severe difficulty
- C) moderate difficulty
- D) mild difficulty
- E) no difficulty

9. Reaching shelves that are above your head

- A) unable
- B) severe difficulty
- C) moderate difficulty
- D) mild difficulty
- E) no difficulty

10. Scratching or washing your low back with your hand.

- A) unable
- B) severe difficulty
- C) moderate difficulty
- D) mild difficulty
- E) no difficulty

11. Lifting or carrying a full bag of groceries (8 to 10 pounds)

- A) unable
- B) severe difficulty
- C) moderate difficulty
- D) mild difficulty
- E) no difficulty

***The following questions refer to athletic or recreational activities.***

12. Considering all the ways you use your shoulder during athletic or recreational activities (i.e. baseball, golf, aerobics, gardening, etc.) how would you describe the function of your shoulder?

- A) very severe limitation/unable
- B) severe limitation
- C) moderate limitation
- D) mild limitation
- E) no limitation

13. During the past month, how much difficulty have you had throwing a ball overhand or serving in tennis due to your shoulder?

- A) unable
- B) severe difficulty
- C) moderate difficulty
- D) mild difficulty
- E) no difficulty

14. List one activity (recreational or athletic) that you particularly enjoy, **then select the degree of limitation you have, if any, due to your shoulder.**

Activity:

- A) unable
- B) severe difficulty
- C) moderate difficulty
- D) mild difficulty
- E) no difficulty

***The following questions refer to work.***

15. During the past month what has been your main form of work?

- A) paid work (list type):
- B) house work
- C) school work
- D) unemployed
- E) disabled due to your shoulder
- F) disabled secondary to other cause (please list):
- G) retired

**If you answered D, E, F or G to the above question, please skip questions 16-19 and go on to question 20.**

16. During the past month how often were you unable to do any of your usual housework because of your shoulder?

- A) every day
- B) several days per week
- C) one day per week
- D) less than one day per week
- E) never

17. During the past month on the days that you did work, how often were you unable to do your work as carefully or as efficiently as you would like?

- A) every day
- B) several days per week
- C) one day per week
- D) less than one day per week
- E) never

18. During the past month, on the days that you did work, how often did you have to work a shorter day because of your shoulder?

- A) every day
- B) several days per week
- C) one day per week
- D) less than one day per week
- E) never

19. During the past month, on the days that you did work, how often did you have to change the way that your usual work is done because of your shoulder?

- A) every day
- B) several days per week
- C) one day per week
- D) less than one day per week
- E) never

***The following questions refer to satisfaction and areas for improvement.***

20. During the past month, how would you rate your overall degree of satisfaction with your shoulder?

- A) poor
- B) fair
- C) good
- D) very good
- E) excellent

Please rank the two areas in which you would most like to see improvement (place a "1" for the most important) a "2" for the second most important).

Pain

Daily personal and household activities

Recreational or athletic activities

Work

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Global Assessment

Recreational/Athletic

Total Weighted Score

Pain

Work

Daily Activities

Satisfaction