

H#: 11518-01
HJD # 19-237

Patient Name _____
ID _____
Doctor Name _____
Location _____

Shoulder Database - Patient Self-Evaluation Form:

Date: __/__/__

Pain:

- Are you having pain in your shoulder? Yes / No
- Is your shoulder comfortable with your arm at rest by your side? Yes / No
- Do you have pain in your shoulder at night? Yes / No
- Does your shoulder allow you to sleep comfortably? Yes / No
- Do you take pain medication? (Tylenol, Advil, Aspirin, etc.) Yes / No
- Do you take narcotic pain medication?(Codeine, Vicodin, Percocet, etc..) Yes / No
- How many pills do you take each day (average)? _____

How bad is your pain today? (please mark on line below):

No pain at all-----Pain as bad as it can be

Would you characterize your pain as:

- Present all of the time and unbearable; using strong medication frequently
- Present all of the time but bearable; using strong medication occasionally
- None or little at rest, present during light activities; using salicylates (i.e. aspirin, ibuprofen, acetaminophen) frequently
- Present during heavy or particular activities only; using salicylates occasionally
- Occasional and slight
- None

Would you rate your pain as:

- Severe
- Moderate
- Mild
- None

Activities of Daily Living:

Are you able to:	Unable to do	Very difficult to do	Somewhat difficult to do	Not difficult to do
Put on a coat	0	1	2	3
Sleep on your painful/affected side	0	1	2	3
Wash back/fasten brassiere	0	1	2	3
Manage toileting	0	1	2	3
Comb hair	0	1	2	3
Reach a high shelf	0	1	2	3
Lift 10 lbs. above your shoulder	0	1	2	3
Throw a ball overhand	0	1	2	3
Do usual work	0	1	2	3
Do usual sport	0	1	2	3

Considering your affected side, would you say you are:

- Unable to use limb
- Able to do only light activities
- Able to do light housework or most activities of daily living
- Able to do most housework, shopping, and driving; able to do hair, dress and undress, including fastening brassiere
- Able to function with slight restrictions only; able to work above shoulder level
- Able to perform normal activities

Would you characterize your activity level as including:

- Affected sleep
- Unaffected sleep
- Full recreation/sport
- Full work

What is the highest level you can reach with your affected limb?

- Up to waist
- Up to chest
- Up to neck
- Up to top of head
- Above head

Can you reach the small of your back to tuck in your shirt with your hand? Yes / No

Can you place your hand behind your head with the elbow straight out to the side? Yes / No

Can you place a coin on a shelf at the level of your shoulder without bending your elbow? Yes / No

Do you think you can toss a softball under-hand ten yards with the affected arm? Yes / No

Do you think you can toss a softball over-hand twenty yards with the affected extremity? Yes / No

Can you wash the back of your opposite shoulder the affected extremity? Yes / No
Would your shoulder allow you to work full-time at your regular job? Yes / No

Stability:

Does your shoulder feel unstable (as if it is going to dislocate)? Yes / No

How unstable do you feel your shoulder is (mark on line below):

Very stable-----Very unstable

Strength:

Can you lift one pound (a full pint container) to the level of your shoulder
without bending your elbow? Yes / No

Can you lift eight pounds (a full gallon container) to the level of your shoulder
without bending your elbow? Yes / No

Can you carry twenty pounds at your side with the affected extremity? Yes / No