

NAME: \_\_\_\_\_

DATE: \_\_\_\_\_

## Shoulder Pain and Disability Index

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### Pain Scale

How severe is your pain?

Select the number that best describes the pain where:

0 = no pain and 10 = the worst pain imaginable.

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#### At its worst?

0 1 2 3 4 5 6 7 8 9 10

#### When lying on the involved side?

0 1 2 3 4 5 6 7 8 9 10

#### Reaching for something on a high shelf?

0 1 2 3 4 5 6 7 8 9 10

#### Touching the back of your neck?

0 1 2 3 4 5 6 7 8 9 10

#### Pushing with the involved arm?

0 1 2 3 4 5 6 7 8 9 10

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### Disability Scale

How much difficulty do you have?

Select the number that best describes your experience where:

0 = no difficulty and 10 = so difficult it requires help.

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#### Washing your hair?

0 1 2 3 4 5 6 7 8 9 10

#### Washing your back?

0 1 2 3 4 5 6 7 8 9 10

#### Putting on an undershirt or jumper?

0 1 2 3 4 5 6 7 8 9 10

#### Putting on a shirt that buttons down the front?

0 1 2 3 4 5 6 7 8 9 10

#### Putting on your pants?

0 1 2 3 4 5 6 7 8 9 10

#### Placing an object on a high shelf?

0 1 2 3 4 5 6 7 8 9 10

#### Carrying a heavy object of 10 pounds (4.5 kilograms)

0 1 2 3 4 5 6 7 8 9 10

#### Removing something from your back pocket

0 1 2 3 4 5 6 7 8 9 10

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