

# Optimal Performance Physical Therapy

## Shoulder Disability Questionnaire

**Name:** \_\_\_\_\_ **Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

How to complete this questionnaire: The items of this questionnaire relate to your injured shoulder. If you have trouble with both shoulders, please complete the questionnaire for only one shoulder, that is, the one that was treated (or the side on which you write). When this shoulder hurts, you may experience problems performing daily activities in a normal manner. This list contains 16 statements that shoulder disorder patients have used to describe the situations in which they experience pain and what some of the effects may be. When you read the statements, you may find that some stand out because they apply to your situation today (the past 24 hours). As you go through the list, think of how you felt during the past 24 hours. For each entry, check for yourself whether you performed the mentioned activity.

Examples	NA	Yes	No
1. You did not perform the activity during the past 24 hours, e.g., you did not lie on your shoulder during the past 24 hours, put a check mark under NA (not applicable).	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. You did perform the activity during the past 24 hours, e.g., you opened or closed a door during the past 24 hours, put a check mark under YES, if your shoulder hurt during the activity.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3. You did perform the activity during the past 24 hours, e.g., you did lean on your elbow or hand during the past 24 hours. If your shoulder did not hurt during this activity, put a check mark under NO.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

For which shoulder do you complete this questionnaire(circle one)?

**Right / Left**

	NA	Yes	No
1. I wake up at night because of my shoulder.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. My shoulder hurts when I lie on it.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Because of my shoulder, I have trouble putting on a coat or sweater.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. My shoulder hurts during my usual daily activities.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. My shoulder hurts when I move my arm.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. My shoulder hurts when I lean on my elbow or hand.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. My shoulder hurts when I write or type.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. My shoulder hurts when I hold my car steering wheel or my bike handle bars.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. My shoulder hurts when I lift and carry something.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. My shoulder hurts when I reach or grasp above shoulder level.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. My shoulder hurts when I open or close a door.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. My shoulder hurts when I bring my hands toward my buttocks.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. My shoulder hurts when I bring my hands toward my lower back.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. My shoulder hurts when I bring my hands toward the back of my neck.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. I rub my shoulder more than once during the day.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. I am irritable and bad tempered with people because my shoulder hurts.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>