

Optimal Performance Physical Therapy

Shoulder Pain And Disability Index

Name: _____ **Signature:** _____ **Date:** _____

Pain Scale: Circle the number to show how much PAIN you have had in the past week for each question. How severe is your pain:

- | | | | | | | | | | | | | | |
|---|----------------|---|---|---|---|---|---|---|---|---|---|----|-----------------------|
| 1. At it's worst? | No pain at all | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | Worst pain imaginable |
| 2. When lying on the involved side? | No pain at all | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | Worst pain imaginable |
| 3. Reaching for something on a high shelf? | No pain at all | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | Worst pain imaginable |
| 4. Touching the back of your neck? | No pain at all | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | Worst pain imaginable |
| 5. Pushing with the involved arm? | No pain at all | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | Worst pain imaginable |

Disability Scale: Circle the number to show how much DIFFICULTY you have had in the past week to do the activities listed below. How much difficulty do you have?

- | | | | | | | | | | | | | | |
|---|---------------|---|---|---|---|---|---|---|---|---|---|----|-------------------------------|
| 1. Washing your hair? | No difficulty | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | So difficult it required help |
| 2. Washing your back? | No difficulty | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | So difficult it required help |
| 3. Putting on an undershirt or pullover shirt? | No difficulty | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | So difficult it required help |
| 4. Putting on a shirt that buttons down the front? | No difficulty | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | So difficult it required help |
| 5. Putting on your pants? | No difficulty | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | So difficult it required help |
| 6. Placing an object on a high shelf? | No difficulty | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | So difficult it required help |
| 7. Carrying a heavy object of 10 pounds? | No difficulty | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | So difficult it required help |
| 8. Removing something from your back pocket? | No difficulty | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | So difficult it required help |