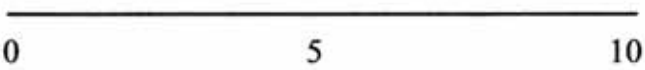
SHOULDER FUNCTION ASSESSMENT

Name: _____ Date: _____

The list below contains some sentences people have used to describe themselves when they have shoulder and arm pain. When your arm hurts, you may find it hard to do some of these things also. Please check only sentences that describe you during **the past 24 hours**.

- ☐ I need to take medication for my shoulder to do daily activities.
- ☐ Working with a computer or typewriter increases my shoulder pain.
- ☐ I cannot lift a gallon of water without increasing my shoulder pain.
- ☐ I limit the amount of yard work I do because my shoulder hurts.
- ☐ Putting on a seat belt increases my shoulder pain.
- ☐ I have pain lifting objects about shoulder height.
- ☐ Because of my shoulder pain, I am unable to drive.
- ☐ My shoulder pain awakens me at least once a night.
- ☐ When I sit, I must support my arm with a pillow or arm rest.
- ☐ Resting on my shoulder for more than five minutes hurts my arm.
- ☐ When my shoulder hurts, I avoid house chores.
- ☐ Because of shoulder pain, I avoid or modify recreational activities.
- ☐ Because of my shoulder pain I am unable to work.
- ☐ Because of the pain, I avoid reaching for my back pocket.
- ☐ Because of my shoulder pain, I am unable to reach behind my back to strap my bra or put on my belt.
- ☐ I have to hold my arm next to my side due to pain.
- ☐ Because of my shoulder pain, I avoid overhead activities.
- ☐ I have difficulty combing or styling my hair.
- ☐ Because of my shoulder pain, I have difficulty putting on a shirt or coat.

Please mark on the line below the level of pain you have had in the past 24 hours. (0 = no pain at all; 10 = worst possible pain.)