

## SHOULDER PAIN AND DISABILITY INDEX

This questionnaire has been designed to give us information as to how your pain affects your ability to manage everyday life. Please answer every section by placing a mark in the box that best represents your experience during the past week.

### Part I: Pain Scale

#### How severe is your pain?

1. At its worst?   
No pain Worst pain ever
2. When lying on involved side?   
No pain Worst pain ever
3. Reaching for something on a high shelf?   
No pain Worst pain ever
4. Touching the back of your neck?   
No pain Worst pain ever
5. Pushing with involved arm?   
No pain Worst pain ever
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### Part II: Disability Scale

#### How much difficulty do you have?

1. Washing your hair?   
No difficulty So difficult required help
2. Washing your back?   
No difficulty So difficult required help
3. Putting on an undershirt/pullover sweater?   
No difficulty So difficult required help
4. Putting on a shirt that buttons down the front?   
No difficulty So difficult required help
5. Putting on your pants?   
No difficulty So difficult required help

6. Placing an object on a high seat?   
No difficulty So difficult required help

7. Carrying a heavy object of 10 pounds?   
No difficulty So difficult required help

8. Removing something from your back?   
No difficulty So difficult required help

Name \_\_\_\_\_

Date \_\_\_\_\_