SHOULDER SURVEY

Dominant hand: Right  Left  Ambidextrous
Shoulder evaluated: Right  Left  Both
Job Injury: Yes   No

How bad is your pain today?  No pain>  0  1  2  3  4  5  6  7  8  9  10 <Worst pain imaginable
Which word best describes your pain?
- None
- Mild
- Moderate
- Severe

Select the most accurate statement about your shoulder pain:
- I have no pain
- I have slight pain during activity
- I have increased pain during activities
- I have moderate / severe pain during activities
- I have severe pain and need medication

Select one statement below regarding your shoulder pain.
- Normal function: I can do all activities of daily living, work and sports activities that I did before my shoulder problem. (Lifting 30 pounds or more, can throw.)
- I have mild limitations in sports and work. I can throw but limited, can lift 15-30 pounds, able to wash back, comb hair and get dressed.
- I have moderate limitations in overhead work, sports and lifting (10 pounds). I am unable to throw or serve in tennis. Have difficulty with washing back, combing hair or getting dressed (need help sometimes).
- I have severe limitations. Cannot do usual work or lifting. No sports. Need help washing and dressing. Can feed myself and comb hair.
- Complete disability of the arm.

Is your shoulder comfortable with your arm at rest by your side?  Yes   No
Does your shoulder allow you to sleep comfortably?  Yes   No
Can you reach the small of your back to tuck in your shirt with your hand?  Yes   No
Can you place your hand behind your head with the elbow straight out to the side?  Yes   No
Can you place a coin on a shelf at the level of your shoulder without bending your elbow?  Yes   No
Can you lift 1 pound (a full pint container) to the level of your shoulder without bending your elbow?  Yes   No
Can you lift 8 pounds (a full gallon container) to the level of your shoulder without bending your elbow?  Yes   No
Can you carry 20 pounds at your side with the affected extremity?  Yes   No
Do you think you can toss a softball under-hand 20 yards with the affected extremity?  Yes   No
Do you think you can toss a softball over-hand 20 yards with the affected extremity?  Yes   No
Can you wash the back of your opposite shoulder with the affected extremity?  Yes   No
Would your shoulder allow you to work full-time at your regular job?  Yes   No
Please rate how your shoulder problem affects your ability to work

Fully able to work> ☐ 4 ☐ 3 ☐ 2 ☐ 1 ☐ 0 <Unable to work

Please rate how your shoulder problem affects your ability to participate in sports and recreational activities

Fully able to participate> ☐ 4 ☐ 3 ☐ 2 ☐ 1 ☐ 0 <Unable to participate

Please note the highest level you can reach to perform tasks
☐ Waist level  ☐ Chest level  ☐ Neck level  ☐ Top of head  ☐ Overhead

Have you ever dislocated the shoulder? ☐ Yes ☐ No

Is this due to a specific injury? ☐ Yes ☐ No

Is this work related? ☐ Yes ☐ No

Have you had previous x-rays or MRI scans of the shoulder?
When ______________________________________________________________________________
Where _______________________________________________________________________________

Have you had previous treatment for this condition? ☐ Yes ☐ No

When ______________________________________________________________________________
Who _________________________________________________________________________________
☐ Physical therapy  ☐ Medication  ☐ Injections  ☐ Other

Have you had previous surgery for this condition?
When ______________________________________________________________________________
Who _________________________________________________________________________________
What kind of surgery ________________________________________________________________