

SHOULDER QUESTIONNAIRE

1. Which Shoulder is bothering you? RIGHT LEFT BOTH
2. Are you (circle one) RIGHT HANDED LEFT HANDED
3. Did you injure the shoulder? YES NO
- If so, how and when?
-

4. Do you have pain in your shoulder when you use it? YES NO
5. Do you have pain in your shoulder at rest? YES NO
6. Do you have pain in your shoulder when you perform overhead activities? YES NO
7. Do you have pain in the shoulder when using it below shoulder level ? YES NO
8. Do you feel the shoulder is weak? YES NO
9. Do you have any neck pain? YES NO
10. Do you feel there is any stiffness in your shoulder? YES NO
11. Do you have any difficulty in sleeping due to shoulder pain? YES NO
12. Do you feel that your shoulder is unstable? YES NO
13. Do you have any slipping of your shoulder? YES NO
14. Do you have any catching of your shoulder? YES NO
15. Does your shoulder pain interfere with (circle all that apply)?
- WORK SPORTS ACTIVITIES OF DAILY LIVING
- OTHER (SPECIFY) _____ YES NO

16. Please rate your pain by circling one of the following. One is mild pain and ten is severe pain.
 (Circle one) 1 2 3 4 5 6 7 8 9 10
 Mild Moderate Severe

17. Have you ever taken medicine for your shoulder? YES NO

18. What treatment have you had so far? _____

19. Is there anything that you can do that makes your shoulder feel better? _____
