SHOULDER QUESTIONNAIRE

	AHT LEF		ВОТН		
Set years of the Superintensity Control of S					
	YES	3	NO		
now and when?					
				-	
Do you have pain in your shoulder when you use	it?	YES	S NO		
Do you have pain in your shoulder at rest?		YES	S NO		
	form				
overhead activities?		YES	S NO		
Do you have pain in the shoulder when using it					
below shoulder level ?		YES	S NO		
Do you feel the shoulder is weak?		YES	NO 8		
Do you have any neck pain?		YES	S NO		
Do you feel there is any stiffness in your shoulde	r?	YES	NO S		
Do you have any difficulty in sleeping due to sho	ulder pain?	YES	NO S		
Do you feel that your shoulder is unstable?		YES	NO NO		
Do you have any slipping of your shoulder?		YES	NO NO		
Do you have any catching of your shoulder?		YES	NO 1		
Does your shoulder pain interfere with (circle all	that apply)?				
WORK SPORTS ACTIVITIES OF DAIL	Y LIVING				
OTHER (SPECIFY)		YES	S NO		
Please rate your pain by circling one of the follow (Circle one) 1 2 3 4 5 6 7 Mild Moderate	8 9	10	pain and ten is se	evere pain.	
Have you ever taken medicine for your shoulder	>	YES	S NO		
What treatment have you had so far?					
Is there anything that you can do that makes you	r shoulder f	eel be	tter? ———		
	Are you (circle one) Did you injure the shoulder? how and when? Do you have pain in your shoulder when you use Do you have pain in your shoulder at rest? Do you have pain in your shoulder when you per overhead activities? Do you have pain in the shoulder when using it below shoulder level? Do you feel the shoulder is weak? Do you have any neck pain? Do you feel there is any stiffness in your shoulded Do you have any difficulty in sleeping due to should Do you have any slipping of your shoulder? Do you have any catching of your shoulder? Do you have any catching of your shoulder? Does your shoulder pain interfere with (circle all the WORK SPORTS ACTIVITIES OF DAIL'S OTHER (SPECIFY) Please rate your pain by circling one of the follow (Circle one) 1 2 3 4 5 6 7 Mild Moderate Have you ever taken medicine for your shoulder? What treatment have you had so far?	Are you (circle one) Did you injure the shoulder? Now and when? Do you have pain in your shoulder when you use it? Do you have pain in your shoulder at rest? Do you have pain in your shoulder when you perform overhead activities? Do you have pain in the shoulder when using it below shoulder level? Do you feel the shoulder is weak? Do you have any neck pain? Do you feel there is any stiffness in your shoulder? Do you have any difficulty in sleeping due to shoulder pain? Do you have any slipping of your shoulder? Do you have any slipping of your shoulder? Do you have any catching of your shoulder? Does your shoulder pain interfere with (circle all that apply)? WORK SPORTS ACTIVITIES OF DAILY LIVING OTHER (SPECIFY) Please rate your pain by circling one of the following. One is (Circle one) 1 2 3 4 5 6 7 8 9 Mild Moderate Sev Have you ever taken medicine for your shoulder? What treatment have you had so far?	Are you (circle one) Did you injure the shoulder? Now and when? Do you have pain in your shoulder when you use it? Yes Do you have pain in your shoulder at rest? Yes Do you have pain in your shoulder when you perform overhead activities? Yes Do you have pain in the shoulder when using it below shoulder level? Yes Do you feel the shoulder is weak? Yes Do you have any neck pain? Yes Do you have any difficulty in sleeping due to shoulder pain? Yes Do you have any slipping of your shoulder? Yes Do you have any slipping of your shoulder? Yes Do you have any catching of your shoulder? Yes Do you have any catching of your shoulder? Yes Does your shoulder pain interfere with (circle all that apply)? WORK SPORTS ACTIVITIES OF DAILY LIVING OTHER (SPECIFY) Yes Please rate your pain by circling one of the following. One is mild a form of the following.	Are you (circle one) Did you injure the shoulder? No	Are you (circle one) Did you injure the shoulder? NO NO Do you have pain in your shoulder when you use it? Do you have pain in your shoulder at rest? Do you have pain in your shoulder when you perform overhead activities? Do you have pain in the shoulder when using it below shoulder level? YES NO Do you have pain in the shoulder when using it below shoulder is weak? YES NO Do you feel the shoulder is weak? YES NO Do you feel there is any stiffness in your shoulder? Do you feel that your shoulder is unstable? YES NO Do you have any offficulty in sleeping due to shoulder pain? YES NO Do you have any slipping of your shoulder? YES NO Do you have any catching of your shoulder? YES NO Do you have any catching of your shoulder? YES NO Does your shoulder pain interfere with (circle all that apply)? WORK SPORTS ACTIVITIES OF DAILY LIVING OTHER (SPECIFY) YES NO 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

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