



SHOULDER PAIN QUESTIONNAIRE

PLEASE READ: This questionnaire is designed to enable us to understand how much your neck pain has affected your ability to manage your everyday activities. Please answer each section by circling the **ONE CHOICE** that most applies to you. We realize that you may feel that more than one statement may relate to you, but **PLEASE JUST CIRCLE THE ONE CHOICE WHICH MOST CLOSELY DESCRIBES YOUR PROBLEM RIGHT NOW.**

<p><u>SECTION 1 - Pain Intensity</u></p> <p>A I have no pain at the moment. B The pain is very mild at the moment. C The pain is moderate at the moment. D The pain is fairly severe at the moment. E The pain is very severe at the moment. F The pain is the worst imaginable at the moment.</p>	<p><u>SECTION 6 - Work</u></p> <p>A I can do as much work as I want to. B I can only do my usual work, but no more. C I can do most of my usual work, but no more. D I cannot do my usual work. E I can hardly do any work at all. F I cannot do any work at all.</p>
<p><u>SECTION 2 - Personal Care (Washing, Dressing, etc.)</u></p> <p>A I can look after myself normally without causing extra pain. B I can look after myself normally, but it causes extra pain. C It is painful to look after myself and I am slow and careful. D I need some help, but manage most of my personal care. E I need help every day in most aspects of self care. F I do not get dressed, I wash with difficulty and stay in bed.</p>	<p><u>SECTION 7 - Concentration</u></p> <p>A I can concentrate fully when I want to with no difficulty. B I can concentrate fully when I want to with slight difficulty. C I have a fair degree of difficulty in concentrating when I want to. D I have a lot of difficulty in concentrating when I want to. E I have a great deal of difficulty in concentrating when I want to. F I cannot concentrate at all.</p>
<p><u>SECTION 3 - Headaches</u></p> <p>A I have no headaches at all. B I have slight headaches which come infrequently. C I have moderate headaches which come infrequently. D I have moderate headaches which come frequently. E I have severe headaches which come frequently. F I have headaches almost all the time.</p>	<p><u>SECTION 8 - Sleeping</u></p> <p>A I have no trouble sleeping. B My sleep is slightly disturbed (less than 1 hour sleepless). C My sleep is mildly disturbed (1-2 hours sleepless). D My sleep is moderately disturbed (2-3 hours sleepless). E My sleep is greatly disturbed (3-5 hours sleepless). F My sleep is completely disturbed (5-7 hours)</p>
<p><u>SECTION 4 - Reading</u></p> <p>A I can read as much as I want to with no pain in my shoulder. B I can read as much as I want to with slight pain in my shoulder. C I can read as much as I want to with moderate pain in my shoulder. D I cannot read as much as I want because of moderate pain in my shoulder. E I cannot read as much as I want because of severe pain in my shoulder. F I cannot read at all.</p>	<p><u>SECTION 9 - Driving</u></p> <p>A I can drive my car without any shoulder pain. B I can drive my car as long as I want with slight pain in my shoulder. C I can drive my car as long as I want with moderate pain in my shoulder. D I cannot drive my car as long as I want because of moderate pain in my shoulder. E I can hardly drive at all because of severe pain in my shoulder. F I cannot drive my car at all.</p>
<p><u>SECTION 5 - Lifting</u></p> <p>A I can lift heavy weights without extra pain. B I can lift heavy weights, but it gives extra pain. C Pain prevents me from lifting heavy weights off the floor, but I can manage if they are conveniently positioned, for example, on a table. D Pain prevents me from lifting heavy weights, but I can manage light to medium weights if they are conveniently positioned. E I can lift very light weights. F I cannot lift or carry anything at all.</p>	<p><u>SECTION 10 - Recreation</u></p> <p>A I am able to engage in all of my recreational activities with no shoulder pain at all. B I am able to engage in all of my recreational activities with some pain in my shoulder. C I am able to engage in most, but not all of my recreational activities because of pain in my shoulder. D I am able to engage in a few of my recreational activities because of pain in my shoulder. E I can hardly do any recreational activities because of pain in my shoulder. F I cannot do any recreational activities at all.</p>

SIGNATURE: _____ DATE: _____ SCORE: _____