

# Shoulder Pain and Disability Index

Date: \_\_\_\_\_

Patient Name: \_\_\_\_\_

Primary Insurance: \_\_\_\_\_

Secondary Insurance: \_\_\_\_\_

## Pain Scale

How severe is your pain?  
Select the number that best describes the pain where:  
0= no pain and 10 = the worst pain imaginable.

### At its worst?

0 1 2 3 4 5 6 7 8 9 10

### When lying on the involved side?

0 1 2 3 4 5 6 7 8 9 10

### Reaching for something on a high shelf?

0 1 2 3 4 5 6 7 8 9 10

### Touching the back of your neck?

0 1 2 3 4 5 6 7 8 9 10

### Pushing with the involved arm?

0 1 2 3 4 5 6 7 8 9 10

## Disability Scale

How much difficulty do you have?  
Select the number that best describes your experience where:  
0 = no difficulty and 10 = so difficult it requires help.

### Washing your hair?

0 1 2 3 4 5 6 7 8 9 10

### Washing your back?

0 1 2 3 4 5 6 7 8 9 10

### Putting on an undershirt or jumper?

0 1 2 3 4 5 6 7 8 9 10

### Putting on a shirt that buttons down the front?

0 1 2 3 4 5 6 7 8 9 10

### Putting on your pants?

0 1 2 3 4 5 6 7 8 9 10

### Placing an object on a high shelf?

0 1 2 3 4 5 6 7 8 9 10

### Carrying a heavy object of 10 pounds (4.5 kilograms)

0 1 2 3 4 5 6 7 8 9 10

### Removing something from your back pocket

0 1 2 3 4 5 6 7 8 9 10

PT