

H#: 11518-01
HJD # 19-237

Patient Name _____

ID _____

Doctor Name _____

Location _____

Shoulder Patient Self-Evaluation Form

Date: __/__/__

Which shoulder is your dominant shoulder?

Right / Left

Which shoulder are you having problems with?

Right / Left

Pain:

Are you having pain in your shoulder?

Yes / No

Is your shoulder comfortable with your arm
at rest by your side?

Yes / No

Do you have pain in your shoulder at night?

Yes / No

Does your shoulder allow you to sleep comfortably?

Yes / No

Do you take pain medication?

(Tylenol, Advil, Aspirin, etc.)

Yes / No

Do you take narcotic pain medication?

(Codeine, Vicodin, Percocet, etc..)

Yes / No

How many pills do you take each day (average)? _____

How bad is your pain today? (please mark on the line below):

No pain at all-----Pain as bad as it can be

Would you characterize your pain as:

- ☐ Present all of the time and unbearable; using strong medication frequently
- ☐ Present all of the time but bearable; using strong medication occasionally
- ☐ None or little at rest, present during light activities; using salicylates (i.e. aspirin, ibuprofen, acetaminophen) frequently
- ☐ Present during heavy or particular activities only; using salicylates occasionally
- ☐ Occasional and slight
- ☐ None

Would you rate your pain as:

- ☐ Severe
- ☐ Moderate
- ☐ Mild
- ☐ None

Activities of Daily Living:

Are you able to:

	Unable to do	Very difficult to do	Somewhat difficult to do	Not difficult to do
Put on a coat	0	1	2	3
Sleep on your painful/affected side	0	1	2	3
Wash back/fasten brassiere	0	1	2	3
Manage toileting	0	1	2	3
Comb hair	0	1	2	3
Reach a high shelf	0	1	2	3
Lift 10 lbs. above your shoulder	0	1	2	3
Throw a ball overhand	0	1	2	3
Do usual work	0	1	2	3
Do usual sport	0	1	2	3

Considering your affected side, would you say you are:

- ☐ Unable to use limb
- ☐ Able to do only light activities
- ☐ Able to do light housework or most activities of daily living
- ☐ Able to do most housework, shopping, and driving; able to do hair, dress and undress, including fastening brassiere
- ☐ Able to function with slight restrictions only; able to work above shoulder level
- ☐ Able to perform normal activities

Would you characterize your activity level as including:

- ☐ Affected sleep
- ☐ Unaffected sleep
- ☐ Full recreation/sport
- ☐ Full work

What is the highest level you can reach with your affected limb?

- ☐ Up to waist
- ☐ Up to chest
- ☐ Up to neck
- ☐ Up to top of head
- ☐ Above head

Can you reach the small of your back to tuck in your shirt with your hand?

Yes / No

Would your shoulder allow you to work full-time at your regular job?

Yes / No

Can you place your hand behind your head with your 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

Do you think you can toss a softball under-hand ten yards with the affected arm? Yes / No

Do you think you can toss a softball over-hand twenty 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

Sports:

Which sports do you participate in?

- | | | | |
|-------------------------------------|---------------------------------------|-------------------------------------|---|
| <input type="checkbox"/> N/A | <input type="checkbox"/> Baseball | <input type="checkbox"/> Basketball | <input type="checkbox"/> Golf |
| <input type="checkbox"/> Football | <input type="checkbox"/> Swimming | <input type="checkbox"/> Tennis | <input type="checkbox"/> Weight Lifting |
| <input type="checkbox"/> Volleyball | <input type="checkbox"/> Other: _____ | | |

What is your level of involvement in the sports you checked above?

- ☐ Professional ☐ Collegiate ☐ High School ☐ Recreational

Stability:

Does your shoulder feel unstable (as if it is going to dislocate)? Yes / No

How unstable do you feel your shoulder is (mark on line below):

Very stable-----Very unstable

Strength:

Can you lift one pound (a full pint container) to the level of your shoulder without bending your elbow? Yes / No

Can you lift eight pounds (a full gallon container) to the level of your shoulder without bending your elbow? Yes / No

Can you carry twenty pounds at your side with the affected extremity? Yes / No

Associated Medical Conditions:

Have you ever had any of the following medical conditions? (Check all that apply.)

- | | | |
|--|--|-------------------------------------|
| <input type="checkbox"/> Alcoholism | <input type="checkbox"/> Paget's Disease | <input type="checkbox"/> Pseudogout |
| <input type="checkbox"/> Ankylosing Spondylitis | <input type="checkbox"/> Parkinson's Disease | <input type="checkbox"/> Smoking |
| <input type="checkbox"/> Diabetes Mellitus | <input type="checkbox"/> Psoriasis | <input type="checkbox"/> Obesity |
| <input type="checkbox"/> Juvenile Rheumatoid Arthritis | <input type="checkbox"/> Steroid Usage | |
| <input type="checkbox"/> Thyroid Diagnosis: _____ | <input type="checkbox"/> Other: _____ | |