

PROBLEMS WITH YOUR SHOULDER

During the past 4 weeks.....

✓tick one box
for each question

1.	<p><i>During the past 4 weeks.....</i></p> <p>How would you describe the <u>worst</u> pain you had from your shoulder?</p> <p>None Mild Moderate Severe Unbearable</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p>
2.	<p><i>During the past 4 weeks.....</i></p> <p>Have you had any trouble dressing yourself because of your shoulder?</p> <p>No trouble at all A little bit of trouble Moderate trouble Extreme difficulty Impossible to do</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p>
3.	<p><i>During the past 4 weeks.....</i></p> <p>Have you had any trouble getting in and out of a car or using public transport because of your shoulder?</p> <p>No trouble at all A little bit of trouble Moderate trouble Extreme difficulty Impossible to do</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p>
4.	<p><i>During the past 4 weeks.....</i></p> <p>Have you been able to use a knife and fork - <u>at the same time</u>?</p> <p>Yes, Easily With little difficulty With moderate difficulty With extreme difficulty No, Impossible</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p>
5.	<p><i>During the past 4 weeks.....</i></p> <p>Could you do the household shopping <u>on your own</u>?</p> <p>Yes, Easily With little difficulty With moderate difficulty With extreme difficulty No, Impossible</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p>
6.	<p><i>During the past 4 weeks.....</i></p> <p>Could you carry a tray containing a plate of food across a room?</p> <p>Yes, Easily With little difficulty With moderate difficulty With extreme difficulty No, impossible</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p>

During the past 4 weeks.....

✓ tick one box
for each question

7.

During the past 4 weeks.....

Could you brush/comb your hair with the affected arm?

Yes,
Easily

With little
difficulty

With moderate
difficulty

With extreme
difficulty

No,
Impossible

8.

During the past 4 weeks.....

**How would you describe the pain you usually had
from your shoulder?**

None

Very mild

Mild

Moderate

Severe

9.

During the past 4 weeks.....

Could you hang your clothes up in a wardrobe, - using the affected arm?

Yes,
Easily

With little
difficulty

With moderate
difficulty

With great
difficulty

No,
Impossible

10

During the past 4 weeks.....

**Have you been able to wash and dry yourself under both
arms?**

Yes,
Easily

With little
difficulty

With moderate
difficulty

With extreme
difficulty

No,
Impossible

11

During the past 4 weeks.....

**How much has pain from your shoulder interfered with your
usual work (*including housework*)?**

Not at all

A little bit

Moderately

Greatly

Totally

12

During the past 4 weeks.....

**Have you been troubled by pain from your shoulder
in bed at night?**

No
nights

Only 1 or 2
nights

Some
nights

Most
nights

Every
night