



Reading Shoulder Unit



www.readingshoulderunit.com

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>

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5. *During the past 4 weeks.....*
Could you do the household shopping on your own?

Yes, Easily <input type="checkbox"/>	With little difficulty <input type="checkbox"/>	With moderate difficulty <input type="checkbox"/>	With extreme difficulty <input type="checkbox"/>	No, Impossible <input type="checkbox"/>
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6. *During the past 4 weeks.....*
**Could you carry a tray containing a plate of food
across a room?**

Yes, Easily <input type="checkbox"/>	With little difficulty <input type="checkbox"/>	With moderate difficulty <input type="checkbox"/>	With extreme difficulty <input type="checkbox"/>	No, impossible <input type="checkbox"/>
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7. *During the past 4 weeks.....*
Could you brush/comb your hair with the affected arm?

Yes, Easily <input type="checkbox"/>	With little difficulty <input type="checkbox"/>	With moderate difficulty <input type="checkbox"/>	With extreme difficulty <input type="checkbox"/>	No, Impossible <input type="checkbox"/>
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8. *During the past 4 weeks.....*
**How would you describe the pain you usually had
from your shoulder?**

None <input type="checkbox"/>	Very mild <input type="checkbox"/>	Mild <input type="checkbox"/>	Moderate <input type="checkbox"/>	Severe <input type="checkbox"/>
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9. *During the past 4 weeks.....*
**Could you hang your clothes up in a wardrobe, - using the
affected arm?**

Yes, Easily <input type="checkbox"/>	With little difficulty <input type="checkbox"/>	With moderate difficulty <input type="checkbox"/>	With great difficulty <input type="checkbox"/>	No, Impossible <input type="checkbox"/>
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10. *During the past 4 weeks.....*
**Have you been able to wash and dry yourself under both
arms?**

Yes, Easily <input type="checkbox"/>	With little difficulty <input type="checkbox"/>	With moderate difficulty <input type="checkbox"/>	With extreme difficulty <input type="checkbox"/>	No, Impossible <input type="checkbox"/>
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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

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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