

# 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><b>How would you describe the <u>worst</u> pain you had from your shoulder?</b></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><b>Have you had any trouble dressing yourself because of your shoulder?</b></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><b>Have you had any trouble getting in and out of a car or using public transport because of your shoulder?</b></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><b>Have you been able to use a knife and fork - <u>at the same time</u>?</b></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><b>Could you do the household shopping <u>on your own</u>?</b></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><b>Could you carry a tray containing a plate of food across a room?</b></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.....

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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