



Patient Name: _____

Date of Birth: _____

Shoulder Intake Survey:

1. In general, would you say your health is:

Excellent Very Good Good Fair Poor

2. How much difficulty do you have combing/brushing your hair using your affected arm?

Unable to perform A lot Some A little None

3. How much difficulty do you have to reach a shelf that is shoulder height using your affected arm?

Unable to perform A lot Some A little None

4. How much difficulty do you have to reach overhead using your affected arm?

Unable to perform A lot Some A little None

5. How much difficulty do you have lifting/carrying items using your affected arm?

Unable to perform A lot Some A little None

6. How much difficulty do you have reaching behind your back using your affected arm (i.e. to put on your waist belt; clasp your bra; to put on your seat belt)?

Unable to perform A lot Some A little None

7. How much difficulty do you have with bathing and dressing activities?

Unable to perform A lot Some A little None

8. Please indicate your pain range within the last week giving a score for the lowest and highest on the scale below.

No pain 0 1 2 3 4 5 6 7 8 9 10 Worst pain ever