

Brazos Orthopedic Physical Therapy

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Shoulder Pain and Disability Index

How severe is your pain?

Select the number that best describes the pain where:

0 no pain and 10 the worst pain imaginable.

At its worst? 0 1 2 3 4 5 6 7 8 9 10

When lying on the involved side? 0 1 2 3 4 5 6 7 8 9 10

Reaching for something on a high shelf? 0 1 2 3 4 5 6 7 8 9 10

Touching the back of your neck? 0 1 2 3 4 5 6 7 8 9 10

Pushing with the involved arm? 0 1 2 3 4 5 6 7 8 9 10

Washing your hair? 0 1 2 3 4 5 6 7 8 9 10

Washing your back? 0 1 2 3 4 5 6 7 8 9 10

Putting on an undershirt or jumper? 0 1 2 3 4 5 6 7 8 9 10

Putting on a shirt that buttons down the front? 0 1 2 3 4 5 6 7 8 9 10

Putting on your pants? 0 1 2 3 4 5 6 7 8 9 10

Placing an object on a high shelf? 0 1 2 3 4 5 6 7 8 9 10

Carrying a heavy object of 10 pounds (4.5 kilograms)? 0 1 2 3 4 5 6 7 8 9 10

Removing something from your back pocket? 0 1 2 3 4 5 6 7 8 9 10