

SHOULDER PAIN AND DISABILITY [SPADI]

Clinic Name: _____ Dr. _____

Name: _____ Date: _____

Pain scale: 0-10 numeric, where 0 = “no pain at all”, and 10 = “worst pain imaginable”

1. How severe is your shoulder pain AT ITS WORST?

no pain	0 1 2 3 4 5 6 7 8 9 10	worst possible pain
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2. How severe is your shoulder pain when lying on the involved side?

no pain	0 1 2 3 4 5 6 7 8 9 10	worst possible pain
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3. How severe is your pain when reaching for something on a high shelf?

no pain	0 1 2 3 4 5 6 7 8 9 10	worst possible pain
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4. How severe is your pain level when attempting to touch the back of your neck?

no pain	0 1 2 3 4 5 6 7 8 9 10	worst possible pain
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5. How severe is your pain level when pushing with the involved arm?

no pain	0 1 2 3 4 5 6 7 8 9 10	worst possible pain
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Disability scale: 0-10 numeric where 0 = “no difficulty”, and 10 = “so difficult it required help”

<i>How much difficulty do you have:</i>	0	1	2	3	4	5	6	7	8	9	10
1. Washing your hair?											
2. Washing your back?											
3. Putting on an undershirt or pullover sweater?											
4. Putting on a shirt that buttons down the front?											
5. Putting on your pants?											
6. Placing on object on a high shelf?											
7. Carrying a heavy object of 10 pounds?											
8. Removing something form your back pocket?											

Modified from Roach KE, Budiman-Mak E, Songsirdej N, Lertratanakul Y. Development of a shoulder pain and disability index. Arthritis Care Res 1991;4:143-9.