

(SPQ) Shoulder Patient Questionnaire

SUBJECTIVE ASSESSMENT NUMERIC EVALUATION

How would you rate your shoulder today as a percentage of normal (0% to 100% scale with 100% being normal)?

American Shoulder and Elbow Surgeons questions

MODIFIED ASES QUESTIONNAIRE

Can you throw a ball overhand?	<input type="radio"/> A) Yes, No Trouble <input type="radio"/> B) Slight Trouble <input type="radio"/> C) Moderate trouble <input type="radio"/> D) No, I can't
Can you sleep on your shoulder comfortably ?	<input type="radio"/> A) Yes, No Trouble <input type="radio"/> B) Slight Trouble <input type="radio"/> C) Moderate trouble <input type="radio"/> D) No, I can't
Can you put on your coat unassisted ?	<input type="radio"/> A) Yes, No Trouble <input type="radio"/> B) Slight Trouble <input type="radio"/> C) Moderate trouble <input type="radio"/> D) No, I can't
Can you wash your back/fasten your bra ?	<input type="radio"/> A) Yes, No Trouble <input type="radio"/> B) Slight Trouble <input type="radio"/> C) Moderate trouble <input type="radio"/> D) No, I can't
Can you use toilet tissue ?	<input type="radio"/> A) Yes, No Trouble <input type="radio"/> B) Slight Trouble <input type="radio"/> C) Moderate trouble <input type="radio"/> D) No, I can't
Can you comb/wash your hair ?	<input type="radio"/> A) Yes, No Trouble <input type="radio"/> B) Slight Trouble <input type="radio"/> C) Moderate trouble <input type="radio"/> D) No, I can't
Can you lift ten pounds (a full gallon container) above the level on your shoulders ?	<input type="radio"/> A) Yes, No Trouble <input type="radio"/> B) Slight Trouble <input type="radio"/> C) Moderate trouble <input type="radio"/> D) No, I can't
Can you reach a shelf over your head	<input type="radio"/> A) Yes, No Trouble <input type="radio"/> B) Slight Trouble <input type="radio"/> C) Moderate trouble <input type="radio"/> D) No, I can't
Does your shoulder allow you to work full time at your regular job (or regular activities if you not working) ?	<input type="radio"/> A) Yes, No Trouble <input type="radio"/> B) Slight Trouble <input type="radio"/> C) Moderate trouble <input type="radio"/> D) No, I can't
Does your shoulder allow you do your regular sports ?	<input type="radio"/> A) Yes, No Trouble <input type="radio"/> B) Slight Trouble <input type="radio"/> C) Moderate trouble <input type="radio"/> D) No, I can't or I don't play sports
On average, how much shoulder pain have you experienced in the last weeks ?	<input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> 6 <input type="radio"/> 7 <input type="radio"/> 8 <input type="radio"/> 9 <input type="radio"/> 10

The European Shoulder and Elbow Surgeons Questions: (Constant-A)

Do you have pain in your shoulder (normal activities)?

If “0” means no pain and “15” is the maximum pain you can experience, please mark the level of pain in your shoulder. (Mark Scale)

☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10 ☐ 11 ☐ 12 ☐ 13 ☐ 14 ☐ 15

Is your occupation or daily living limited by your shoulder? ☐ No ☐ Moderate Limitation ☐ Severe Limitation

Are your leisure and recreational activities limited by your shoulder? ☐ No ☐ Moderate Limitation ☐ Severe Limitation

Is your night sleep disturbed by your shoulder? ☐ No ☐ Sometimes ☐ Yes, Frequent

State to what level you can use your arm for painless, reasonably activities. ☐ Waist ☐ Xiphoid(sternum) ☐ Neck ☐ Head ☐ Above head

The European Shoulder and Elbow Surgeons Questions: (Constant-B) (THIS SECTION FOR DOCTOR USE ONLY - DO NOT FILL OUT)

Forward Flexion ☐ 0-30 ☐ 31-80 ☐ 61-90 ☐ 91-120 ☐ 121-150 ☐ 151-180

Abduction ☐ 0-30 ☐ 31-80 ☐ 61-90 ☐ 91-120 ☐ 121-150 ☐ 151-180

Constant ER ☐ hah-eb ☐ hah-ef ☐ hbh-eb ☐ hbh-ef ☐ iFull Elev. of Arm

IRB ☐ 1-Lateral thigh ☐ 2-Bullock ☐ 3-LS Junction ☐ 4-Waist(L3) ☐ 5-T12 ☐ Interscapular are (T7)

Constant Strength

▼

 lbs.