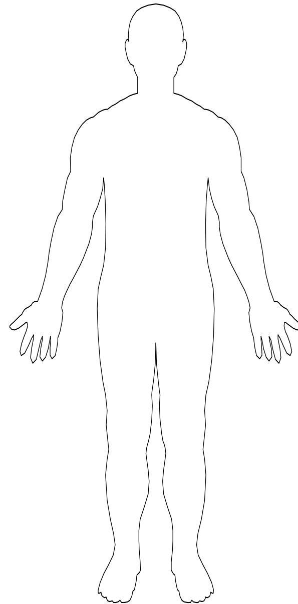
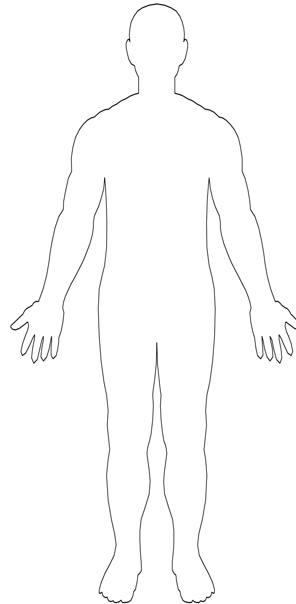
Pinnacle Sports Medicine & Orthopaedics
Shoulder History

Patient Self-Evaluation

Mark where your pain is:



Body Front



Body Back

Question	
Are you having pain in your shoulder today?	☐ Yes ☐ No
Do you have pain in your shoulder at night?	☐ Yes ☐ No
Do you take pain medication (aspirin, Advil, Tylenol, etc.)?	☐ Yes ☐ No
Do you take narcotic pain medication (codeine or stronger)?	☐ Yes ☐ No
How many pills do you take each day (average)?	

How bad is your pain today?
(No pain at all) 0 1 2 3 4 5 6 7 8 9 10 *(Pain as bad as it can be)*

How unstable is your shoulder?
(Very stable) 0 1 2 3 4 5 6 7 8 9 10 *(very unstable)*

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Activity 0 = Unable to do; 1 = Very difficult; 2 = Somewhat difficult; 3 = Not difficult	Right Arm	Left Arm
Put on a coat	0 1 2 3	0 1 2 3
Sleep on your painful or affected side	0 1 2 3	0 1 2 3
Wash back/do up bra in back	0 1 2 3	0 1 2 3
Manage toileting	0 1 2 3	0 1 2 3
Comb hair	0 1 2 3	0 1 2 3
Reach a high shelf	0 1 2 3	0 1 2 3
Lift 10 pounds above shoulder	0 1 2 3	0 1 2 3
Throw a ball overhand	0 1 2 3	0 1 2 3
Do usual work	0 1 2 3	0 1 2 3
Do usual sport	0 1 2 3	0 1 2 3

Activity

Pain

Is your pain:

- Present all of the time and unbearable; strong medication frequently needed? ☐
- Present all of the time but bearable; strong medication occasionally needed? ☐
- None or little at rest, present during light activities; pain medicines frequently? ☐
- Present during heavy or particular activities only; pain medicines occasionally? ☐
- Occasional and slight? ☐
- No pain? ☐

Function

Function:

- Unable to use limb? ☐
- Only light activities possible? ☐
- Able to do light housework or most activities of daily living? ☐
- Most housework, shopping, and driving possible; able to do hair and dress and undress; including fastening brassiere? ☐
- Slight restriction only able to work above shoulder level? ☐
- Normal activities? ☐

PATIENT'S SIGNATURE ______________________________ DATE _________