

FUNCTION ASSESSMENT SHOULDER

Name: _____

Date: _____

Instruction: The list below contains some sentences people have used to describe themselves when they have shoulder and arm pain. When your arm hurts, you may find it hard to do some of these things also. Please check only sentences that describe you during **the past 24 hours**.

- ___ 1) Because of my shoulder pain I have difficulty putting on a shirt or coat
- ___ 2) I have difficulty combing or styling my hair
- ___ 3) Because of my shoulder pain I avoid overhead activities
- ___ 4) I avoid pushing or pulling activities due to my shoulder
- ___ 5) I use a sling for my shoulder to decrease the pain
- ___ 6) I have to hold my arm next to my side due to the pain
- ___ 7) Because of my shoulder pain I am unable to reach behind my back to strap my bra or put on my belt
- ___ 8) Because of the pain I avoid reaching for my back pocket
- ___ 9) Because of my shoulder pain I am unable to work
- ___ 10) Because of shoulder pain I avoid or modify recreational activities
- ___ 11) When my shoulder hurts I avoid house chores
- ___ 12) I can not throw a ball without increasing my shoulder pain
- ___ 13) Resting on my shoulder for more than five minutes hurts my arm
- ___ 14) When I sit I must support my arm with a pillow or arm rest
- ___ 15) When I walk, swinging my arm increases my shoulder pain
- ___ 16) My shoulder pain awakens me at least once a night
- ___ 17) Because of my shoulder pain I am unable to drive
- ___ 18) I have pain lifting objects above shoulder height
- ___ 19) Putting on a seat belt increases my shoulder pain
- ___ 20) I limit the amount of yard work I do because my shoulder hurts
- ___ 21) I can not lift a gallon of water without increasing my shoulder pain
- ___ 22) Because of the pain in my shoulder I can not do a pushup
- ___ 23) Working with a computer or typewriter increases my shoulder pain
- ___ 24) I need to take medication for my shoulder to do daily activities
- ___ 25) I think using a hammer or paint brush would increase my pain

Instructions: Please mark on the line below the level of pain you have had in the past **24 hours**. The scale is from no pain at all to the worst possible pain.

no pain at all _____ worst possible pain