Washington Orthopaedic Center - Shoulder Questionnaire

Patient Name: Today's I

Below are a series of questions regarding your shoulder(s) and your response will help your provider further assess your condition and progress. Please fully complete these questions to the best of your ability. If you have any questions, please let the Medical Assistant or your provider know.

SANE (Single Assessment Numeric Evaluation)

How would you rate your affected joint/region of interest today as a percentage of normal (0% to 100% scale with 100% being normal)?

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

Simple Shoulder Test

Dominate Hand (Circle one) Right Left Ambidextrous

Ple	ase answer the following questions either	Right	Side	Left Si	Left Side	
YES	or NO for both of your shoulders	Yes	No	Yes	No	
1	Is your shoulder comfortable with your arm at rest by your side?					
2	Does your shoulder allow your to sleep comfortably?					
3	Can you reach the small of your back to tuck in your shirt with your hand?					
4	Can you place your hand behind your head with the elbow straight out to the side?					
5	Can you place a coin on a shelf at the level of your shoulder without bending your elbow?					
	Can you lift one pound (a full pint container) to the level of your shoulder without bending your elbow?					
	Can you lift eight pounds (a full gallon container) to the level of your shoulder without bending your elbow?					
	Can you carry twenty pounds at your side with this extremity?					
9	Do you think you can toss a softball under-hand twenty yards with this extremity?					
10	Do you think you can toss a softball over-hand twenty yards with this extremity?					
11	Can you wash the back of your opposite shoulder with this extremity?					
12	Would your shoulder allow you to work full-time at your regular job?					

ASES Shoulder Score

1. Usual Work:	
2. Usual Sport/Leisure Activity:	
3. Do you have shoulder pain at night?	Yes
4. Do you take pain killers such as acetaminophen, diclofenac, ibuprofen?	Yes
5. Do you take strong pain killers such as codeine, tramadol, or morphine?6. How many "pain killer" pills do you take on an average day?	Yes
7 Intensity of Pain? (Please select one)	

7. Intensi	ty of Pai	nr (Pleas	se select	one)							
Pain as bad as	it can be	2							٨	lo pain a	t all
10	9	8	7	6	5	4	3	2	1	0	

- 8. Is it difficult for you to put on a coat? (Please select one)
 - Unable to do
 - □ Very difficult to do
 - □ Somewhat difficult to do
 - Not difficult
- 9. Is it difficult for you to sleep on the affected side? (Please select one)
 - Unable to do
 - □ Very difficult to do
 - Somewhat difficult to do
 - □ Not difficult
- 10. Is it difficult for you to wash your back/do up a bra? (Please select one)
 - Unable to do
 - □ Very difficult to do
 - □ Somewhat difficult to do
 - Not difficult
- 11. Is it difficult for you to manage toileting? (Please select one)
 - Unable to do
 - □ Very difficult to do
 - □ Somewhat difficult to do
 - □ Not difficult
- 12. Is it difficult for you to comb your hair? (Please select one)
 - Unable to do
 - \Box Very difficult to do
 - □ Somewhat difficult to do
 - □ Not difficult
- 13. Is it difficult for you to reach a high shelf? (Please select one)
 - Unable to do
 - □ Very difficult to do
 - □ Somewhat difficult to do
 - □ Not difficult
- 14. Is it difficult for you to lift 10 pounds above your shoulder? (Please select one)
 - Unable to do
 - □ Very difficult to do
 - Somewhat difficult to do
 - Not difficult
- 15. Is it difficult for you to throw a ball overhand? (Please select one)
 - □ Unable to do
 - □ Very difficult to do
 - □ Somewhat difficult to do
 - □ Not difficult
- 16. Is it difficult for you to do your usual work? (Please select one)
 - Unable to do
 - □ Very difficult to do
 - Somewhat difficult to do
 - □ Not difficult
- 17. Is it difficult for you to do your usual sport/leasure activity? (please select one)
 - Unable to do
 - \Box Very difficult to do
 - □ Somewhat difficult to do
 - □ Not difficult