

PHYSICAL THERAPY: SPADI Patient Questionnaire: SHOULDER

Today's Date: ____ / ____ / ____

Involved side Right Left Both

Injury Date (if known) ____ / ____ / ____ Surgery Date (if applicable) ____ / ____ / ____

Date you return to the physician who sent you to physical therapy ____ / ____ / ____

Occupation _____

Have you been given any restrictions by your physician? (please specify)

Which hand do you write with? Right Left Which hand do you throw with? Right Left

Please rate the severity of your pain RIGHT NOW by circling a number below:

No pain

0	1	2	3	4	5	6	7	8	9	10
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 Worse pain imaginable

Please rate the severity of your pain at the worst it has been in the last week:

No pain

0	1	2	3	4	5	6	7	8	9	10
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 Worse pain imaginable

What **SPECIFIC** activities do you hope to improve through physical therapy?

Signature of person completing form

Reviewer

Date

Time



PATIENT LABEL MUST
BE PLACED WITHIN
THIS BOX



PHYSICAL THERAPY: SPADI Patient Questionnaire: SHOULDER

Shoulder Pain and Disability Index (SPADI)

Please place a mark on the line that best represents your experience during the last week attributable to your shoulder problem.

Pain scale

How severe is your pain? Circle the number that best describes your pain where:

0 = no pain

10 = the worst pain imaginable.

At its worst?	0	1	2	3	4	5	6	7	8	9	10
When lying on involved side?	0	1	2	3	4	5	6	7	8	9	10
Reaching for something on a high shelf?	0	1	2	3	4	5	6	7	8	9	10
Touching the back of your neck?	0	1	2	3	4	5	6	7	8	9	10
Pushing with the involved arm?	0	1	2	3	4	5	6	7	8	9	10

Total pain score _____ /50 x 100 = _____ %

Disability scale

How much difficulty do you have? Circle the number that best describes your experience where:

0 = no difficulty

10 = so difficult it requires help

Washing your hair?	0	1	2	3	4	5	6	7	8	9	10
Washing your back?	0	1	2	3	4	5	6	7	8	9	10
Putting on an undershirt or sweater?	0	1	2	3	4	5	6	7	8	9	10
Putting on a shirt that buttons down front?	0	1	2	3	4	5	6	7	8	9	10
Putting on your pants?	0	1	2	3	4	5	6	7	8	9	10
Placing an object on a high shelf?	0	1	2	3	4	5	6	7	8	9	10
Carrying a heavy object of 10 pounds?	0	1	2	3	4	5	6	7	8	9	10
Removing something from your back pocket?	0	1	2	3	4	5	6	7	8	9	10

Total disability score: _____ / 80 x 100 = _____ % disability

Total SPADI score: _____ 130 x 100 = _____ % disability

Source: Roach et al. (1991). Development of a shoulder pain and disability index.

Signature of person completing form

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