

## COMPREHENSIVE SHOULDER QUESTIONNAIRE

Name: \_\_\_\_\_

Date: \_\_\_\_\_

This questionnaire has been designed to assist in the evaluation of your shoulder problem. Please mark where indicated and fill in the blanks to the best of your ability. There will be time to discuss your symptoms in detail during the consultation.

**1. Are you having any of these symptoms? (mark all that apply)**

Weakness                      Loss of Motion                      Catching, popping or clicking

**2. Does your shoulder ever: (mark all that apply)**

Feel Loose?                      Slip in or out of socket?                      Get stuck or lock?

**3. Do you have pain at night?** ..... Yes      No

**4. Does lying on your side cause pain?**..... Yes      No

**5. Which of these movements causes pain?**

To shoulder height or above? ..... Yes      No

Reaching behind your back? ..... Yes      No

Other \_\_\_\_\_

**6. What increases your symptoms?**

Daily activities..... Yes      No                      Sports..... Yes      No

Work activities..... Yes      No                      Exercise..... Yes      No

Dressing..... Yes      No                      Lifting..... Yes      No

Other \_\_\_\_\_

**7. Has your problem caused you to stop or modify any of the above activities?** ..... Yes      No

**8. Does the pain travel down the arm?** ..... Yes      No

**Does the pain travel to your fingers?** ..... Yes      No

**Click or circle which finger**                      Thumb      Index      Long      Ring      Little

**9. Do you have any numbness or tingling in your hand?** ..... Yes      No

**Does holding the arm overhead make it?** ..... Better      Worse

**10. Do you drop things?** ..... Yes      No

**11. Do you have any pain in your neck?** ..... Yes      No

**Does turning your head from side to side or looking up or down cause pain to travel into your shoulder or down your arm?** ..... Yes      No

**12. Have you had this problem before?** ..... Yes      No

**If yes, list treatment you have had including the number of shoulder injections.**

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