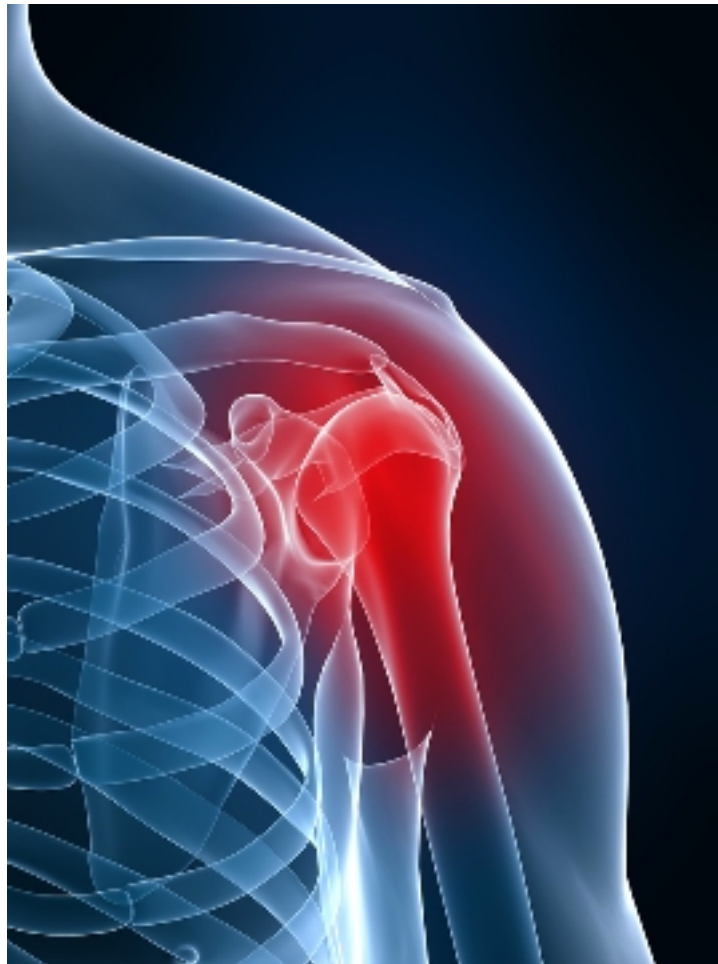


Shoulder Symptoms Questionnaire



RIGHT SHOULDER

My dominant hand?

 Right

Which shoulder hurts?

When did the problem start?

Did you have an injury?

 Yes No

If yes, what injury did you have?

What does the pain feel like?

 Dull Sharp Burning

Is the pain?

 Constant Intermittent

What makes it worse?

 Movement Keeping Still

How bad is the Pain

None 0 1 2 3 4 5 6 7 8 9 10 Worst Possible

Where is the pain?

 Front Top Outer side Back

Which causes shoulder pain?

 Shoulder movement
 Neck movement

Do you have pain at night?

 Yes No Occasionally

Has your shoulder dislocated? If yes, how many times?

 Yes No _____

Does your shoulder feel unstable?

 Yes No

What treatment have you tried?

____ None
____ Medications
____ Injections How many__
____ Physical Therapy
____ Surgery

How was your shoulder prior to this episode of pain?

____ Normal

____ Abnormal

Did you hurt yourself at work?

 Yes No

Are you involved in litigation?

 Yes No

Do you have pain in your neck?

 Yes No**LEFT SHOULDER** Left Right only Left only R=L R more than L L more than R Yes No Dull Sharp Burning Constant Intermittent Movement Keeping Still

None 0 1 2 3 4 5 6 7 8 9 10 Worst Possible

 Front Top Outer side Back Shoulder movement
 Neck movement Yes No Occasionally Yes No _____ Yes No____ None
____ Medications
____ Injections How many__
____ Physical Therapy
____ Surgery

____ Normal

____ Abnormal

 Yes No Yes No