

**SPADI (SHOULDER)**

Name \_\_\_\_\_

Date \_\_\_\_\_

PAIN SCALE	
How severe is your pain:	
1. At its worst.	No pain 0 1 2 3 4 5 6 7 8 9 10 Worst pain imaginable
2. When lying on involved side.	No pain 0 1 2 3 4 5 6 7 8 9 10 Worst pain imaginable
3. Reaching for something on a high shelf.	No pain 0 1 2 3 4 5 6 7 8 9 10 Worst pain imaginable
4. Touching the back of your neck.	No pain 0 1 2 3 4 5 6 7 8 9 10 Worst pain imaginable
5. Pushing with the involved arm.	No pain 0 1 2 3 4 5 6 7 8 9 10 Worst pain imaginable
DISABILITY SCALE	
How much difficulty did you have:	
1. Washing your hair.	No difficulty 0 1 2 3 4 5 6 7 8 9 10 So difficult required help
2. Washing your back.	No difficulty 0 1 2 3 4 5 6 7 8 9 10 So difficult required help
3. Putting on an undershirt or pullover sweater.	No difficulty 0 1 2 3 4 5 6 7 8 9 10 So difficult required help
4. Putting on a shirt that buttons down the front.	No difficulty 0 1 2 3 4 5 6 7 8 9 10 So difficult required help
5. Putting on your pants.	No difficulty 0 1 2 3 4 5 6 7 8 9 10 So difficult required help
6. Placing an object on a high shelf.	No difficulty 0 1 2 3 4 5 6 7 8 9 10 So difficult required help
7. Carrying a heavy object of 10 pounds.	No difficulty 0 1 2 3 4 5 6 7 8 9 10 So difficult required help
8. Removing something from your back pocket.	No difficulty 0 1 2 3 4 5 6 7 8 9 10 So difficult required help

Scoring: 
$$\frac{(\text{sum scores pain scale}) + (\text{sum scores disability scale} \times .625)}{100}$$