

Boulet Physical Therapy & Wellness Institute

Relieving your pain • Restoring your movement

Name: _____

Date: _____

Shoulder Pain and Disability Index

Pain Scale: How severe is your pain?

0 = no pain 10 = worst pain imaginable

1. At its worst? _____
2. When lying on the involved side? _____
3. Reaching for something on a high shelf? _____
4. Touching the back of your neck? _____
5. Pushing with the involved arm? _____

Disability Scale: How much difficulty do you have?

0 = no difficulty 10 = so difficult it requires help

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