

Patient Name: _____ Number: _____ Date: _____

Shoulder Pain and Disability Index

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

Pain Scale

How severe is your pain?

Circle the number that best describes your pain where 0 = no pain and 10 = the worst pain imaginable.

At its worst?	0	1	2	3	4	5	6	7	8	9	10
When lying on the 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 = _____ %

(Note: if a person does not answer all of the questions divide by the total possible score, ex: If 1 question missed divide by 40)

Disability Scale

How much difficulty do you have?

Circle the number that best describes your pain where 0 = no pain and 10 = the worst pain imaginable.

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 jumper?	0	1	2	3	4	5	6	7	8	9	10
Putting on a shirt that buttons down the 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 (4.5 kilograms)	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 pain score _____ /80 x 100 = _____ %

(Note: if a person does not answer all of the questions divide by the total possible score, ex: If 1 question missed divide by 70)

Total Spadi score _____ /130 x 100 = _____ %

(Note: if a person does not answer all of the questions divide by the total possible score, ex: If 1 question missed divide by 120)

Minimum Detectable Change (90% confidence) = 13 points