

Patient Name:

SSN:

DOB:

Date:

### SHOULDER INJURY SELF-ASSESSMENT OF FUNCTION

Please rate your ability to do the following common tasks as they relate to your injured shoulder by placing a "T" mark in the appropriate box.

	0	1	2	3	4	5
	Normal	Mild Compromise	Difficult	Very Difficult (with aid)	Unable	Other/ Cannot Say
1. Use back pocket						
2. Wipe after bowel movement						
3. Wash opposite underarm						
4. Eat with fork or spoon						
5. Comb hair						
6. Use hand with arm at shoulder level						
7. Carry 10-15 pounds with arm at side						
8. Dress						
9. Sleep on affected side						
10. Pulling						
11. Use hand overhead						
12. Throwing						
13. Lifting						
14. Do usual work						
15. Do usual sport						

Name \_\_\_\_\_ Date \_\_\_\_\_ Age \_\_\_\_\_ Score \_\_\_\_\_

Yomans S., *The Clinical Application of Outcomes Assessments*. Appleton and Lange 2000, p 549

**Patient Signature** \_\_\_\_\_ Date: \_\_\_\_\_