



MR GIUSEPPE SFORZA  
CONSULTANT ORTHOPAEDIC SURGEON



Dear Madam, Sir

Please answer to the following questions.

This score has been designed to collect some information regarding your shoulder instability and will be used: to record your initial shoulder function, analyze the progression of your recovery and illustrate the final result after treatment with an evaluation scale.

## **Shoulder Instability Questionnaire (WOSI)**

In all cases, please enter the amount of the symptom you experience: 0 none, 10 maximum.

**1. How much pain do you experience in your shoulder with overhead activities?**

**1 2 3 4 5 6 7 8 9 10**

**2. How much aching or throbbing do you experience in your shoulder?**

**1 2 3 4 5 6 7 8 9 10**

**3. How much weakness or lack of strength do you experience in your shoulder?**

**1 2 3 4 5 6 7 8 9 10**

**4. How much fatigue or lack of stamina do you experience in your shoulder?**

**1 2 3 4 5 6 7 8 9 10**

**5. How much clicking, cracking or snapping do you experience in your shoulder?**

**1 2 3 4 5 6 7 8 9 10**

**6. How much stiffness do you experience in your shoulder?**

**1 2 3 4 5 6 7 8 9 10**

**7. How much discomfort do you experience in your neck muscles as a result of your shoulder?**

**1 2 3 4 5 6 7 8 9 10**

**8. How much feeling of instability or looseness do you experience in your shoulder?**

**1 2 3 4 5 6 7 8 9 10**

**9. How much do you compensate for your shoulder with other muscles?**

**1 2 3 4 5 6 7 8 9 10**



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- 10. How much loss of range of motion do you have in your shoulder?**  
1 2 3 4 5 6 7 8 9 10
- 11. How much has your shoulder limited the amount you can participate in sports or recreational activities?**  
1 2 3 4 5 6 7 8 9 10
- 12. How much has your shoulder affected your ability to perform the specific skills required for your sport or work? (If your shoulder affects both sports and work, consider the area that is most affected.)**  
1 2 3 4 5 6 7 8 9 10
- 13. How much do you feel the need to protect your arm during activities?**  
1 2 3 4 5 6 7 8 9 10
- 14. How much difficulty do you experience lifting heavy objects below shoulder level**  
1 2 3 4 5 6 7 8 9 10
- 15. How much fear do you have of falling on your shoulder?**  
1 2 3 4 5 6 7 8 9 10
- 16. How much difficulty do you experience maintaining your desired level of fitness**  
1 2 3 4 5 6 7 8 9 10
- 17. How much difficulty do you have “roughhousing” or “horsing around” with family or friends**  
1 2 3 4 5 6 7 8 9 10
- 18. How much difficulty do you have sleeping because of your shoulder**  
1 2 3 4 5 6 7 8 9 10
- 19. How conscious are you of your shoulder**  
1 2 3 4 5 6 7 8 9 10
- 21. How much frustration do you feel because of your shoulder**  
1 2 3 4 5 6 7 8 9 10