Shoulder & Elbow Centre
Reading Shoulder Unit

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Shoulder assessment questionnaire. (Constant Score and Satisfaction Score)

Patient identification label	Date:
	Side: Right / Left

Please take a few minutes to fill in this questionnaire. It is an essential part of our evaluation of the results of your treatment and surgery and will help us improve the service we provide. Please complete this form by circling the most appropriate response.

A. Pain

A1: Do you have pain in your shoulder during normal activities? *(Please circle most appropriate response)*

1. NO PAIN **2. MILD PAIN** **3. MODERATE PAIN** **4. SEVERE PAIN**

A2: If 0 means 'no pain' and 15 means the 'worst pain' you can have, *please circle the number* which describes your shoulder pain when you are doing normal activities.

☺ **0** **1 2 3 4 5** **6 7 8 9 10** **11 12 13 14** **15** ☹

NO PAIN **MILD** **MODERATE** **SEVERE** **UNBEARABLE**

B. Function *(Please circle most appropriate response)*

B1: Does your shoulder limit your occupation or daily living?

1. NO OR VERY SLIGHTLY **2. MODERATE LIMITATION** **3. SEVERE LIMITATION**

B2: Are your leisure and recreational activities limited by your shoulder?

1. NO OR VERY SLIGHTLY **2. MODERATE LIMITATION** **3. SEVERE LIMITATION**

B3: Does your shoulder pain disturb your night's sleep?

1. NO **2. SOMETIMES** **3. YES**

B4: What level can you raise your arm for reasonable painless movement?

1. WAIST **2. CHEST** **3. NECK** **4. EAR** **5. ABOVE HEAD**

B5: If 0 means 'not satisfied' and 10 means 'very satisfied', how satisfied are you with your shoulder now? *Please circle the appropriate number*.

☹ **0** **1** **2** **3** **4** **5** **6** **7** **8** **9** **10** ☺

NOT SATISFIED **VERY SATISFIED**

C. Work/Recreation *(Please circle most appropriate response)*

C1: What is your occupation? _____

C2: How well can you perform your occupation (or daily activities if retired)?

1. EASILY 2. WITH LITTLE DIFFICULTY 3. WITH MODERATE DIFFICULTY

4. WITH EXTREME DIFFICULTY 5. NOT AT ALL

C3: What are your two main sporting or leisure activities?

_____ _____

C4: How well can you perform these activities?

1. EASILY 2. WITH LITTLE DIFFICULTY 3. WITH MODERATE DIFFICULTY

4. WITH EXTREME DIFFICULTY 5. NOT AT ALL

D. Post operative questions *(Please circle most appropriate response)*

Operation: _____ Date of op: _____

Please only answer this section if you have had a shoulder operation.

D1: How do you feel now, following your operation?

1. MUCH BETTER 2. BETTER 3. SAME 4. WORSE

D2: Have you now:

i) Returned to the same occupation / normal daily activities (if retired)?

ii) Returned to the same occupation but with decreased level of activity (due to shoulder)?

iii) Changed occupation due to your shoulder?

iv) Stopped working altogether because of your shoulder?

D3: If you have changed occupation, what job do you do now?

_____

D4: Have you **now**:

1. Returned to the same level of activity in the same sport?
2. Returned to a decreased level of activity in the same sport (due to shoulder)?
3. Changed sports because of your shoulder?
4. Stopped playing sports altogether because of your shoulder?

D5: If you have changed sports, what have you changed to?

_____

Comments *Please use space below for any further comments you'd like to make.*

Additional comments can be put on t he last page if necessary

Thank you for completing this questionnaire.

Movement *(to be completed with assistance from doctor or nurse)*

Relevant side	

Starting from left to right, tick the box below each picture if patient able to perform the action **'Pain free'**. Leave the box blank if patient unable to do the action.
Mark the '**Pain free**' range of motion in degrees in the two boxes on the right side of page.






R L

Degrees

☐ 0-30° = 0 points ☐ 30-60° = 2 points ☐ 60-90° = 4 points ☐ 90-120° = 6 points ☐ 120-150° = 8 points ☐ 150-180° = 10 points






R L

Degrees

☐ 0-30° = 0 points ☐ 30-60° = 2 points ☐ 60-90° = 4 points ☐ 90-120° = 6 points ☐ 120-150° = 8 points ☐ 150-180° = 10 points

Cannot reach above head





ER1
External rotation in Adduction

R L

Degrees

☐ = 0 points ☐ = 2 points ☐ = 2 points ☐ = 2 points ☐ = 2 points ☐ = 2 points






IR2
Internal rotation in Abduction

R L

Degrees

☐ = 0 points ☐ = 2 points ☐ = 4 points ☐ = 6 points ☐ = 8 points ☐ = 10 points

Strength

The doctor or nurse will test your strength with a resistance device (Isometer).

RIGHT		**LEFT**	
Kg	**Lb**	**Kg**	**Lb**

Additional comments:-

March 2014.