

Patient Name: _____ Age _____ Side: Left Right

Date: _____ Exam: Pre-op 3M 6M 1yr Other: _____

SHOULDER FORM SECTION 1 – PAIN & FUNCTION (ASES)

1. PAIN: How bad is your pain today? (mark an "X")

0 1 2 3 4 5 6 7 8 9 10
No pain at all Pain as bad as it can be

2. FUNCTION: Circle the number that indicates your ability to do each activity.

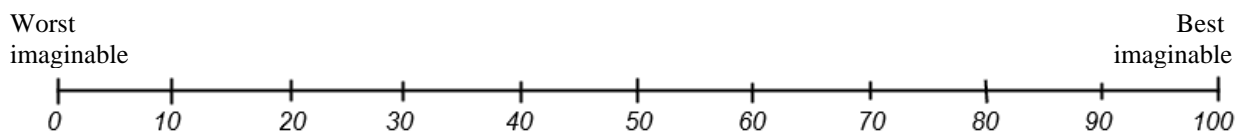
0 = Unable to do 1 = Very difficult 2 = Somewhat difficult 3 = Not difficult

Activity	AFFECTED arm				Normal arm			
1. Put on a coat	0	1	2	3	0	1	2	3
2. Sleep on your affected side	0	1	2	3	0	1	2	3
3. Wash back/do up bra in back	0	1	2	3	0	1	2	3
4. Manage toileting	0	1	2	3	0	1	2	3
5. Comb hair	0	1	2	3	0	1	2	3
6. Reach a high shelf	0	1	2	3	0	1	2	3
7. Lift 10 lbs. above shoulder	0	1	2	3	0	1	2	3
8. Throw a ball overhand	0	1	2	3	0	1	2	3
9. Do usual work: _____	0	1	2	3	0	1	2	3
<input type="checkbox"/> Retired <input type="checkbox"/> Student								
10. Do usual sport: _____	0	1	2	3	0	1	2	3

SECTION 2 – GLOBAL RATING (SANE Score & EQ5D VAS)

1. On a GLOBAL scale of 0-100%, how would you RATE YOUR SHOULDER TODAY as a % of normal (consider lost sleep, pain, activity modifications)?
_____ % (100% = Normal)

2. Please indicate how good (or bad) your overall HEALTH STATE is today by marking an "X" on the line below.



**** Please TURN OVER and complete the remaining sections on the other side ****

***** This page is for the Surgeon to complete *****

American Shoulder and Elbow Surgeons Score (ASES)

Scoring Guide:

Step 1. Pain Questionnaire:

Question 1 Value: _____ Points Pain Score:

Pain Score: $5 \times (10 - \text{Question 1 Value})$

Pain Score: _____ Points

Step 2. Activities of Daily Living (ADL) Questionnaire for affected shoulder:

ADL Raw Score: Summation of points

ADL Raw Score: _____ Points (*total of Q1 to Q10*)

ADL Score: $5 \times (\text{raw score})$

ADL Score: _____³ Points

Step 3. Final ASES Score:

Final Score = Pain Score (*in step 1*) + ADL Score (*in step 2*)

Final score: _____ Points

Scores range from 0 to 100 with a score of 0 indicating a worse shoulder condition and 100 indicating a better shoulder condition.

SECTION 3 – OVERALL HEALTH (EQ5D)

Please tick the box that best describes your health state today.

1. Mobility

- I have no problems walking about
- I have some problems in walking about
- I am confined to bed

2. Self-Care

- I have no problems with self-care
- I have some problems washing or dressing myself
- I am unable to wash or dress myself

3. Usual Activities (e.g. work, study, housework, family or leisure activities)

- I have no problems with performing my usual activities
- I have some problems with performing my usual activities
- I am unable to perform my usual activities

4. Pain/Discomfort

- I have no pain or discomfort
- I have moderate pain or discomfort
- I have extreme pain or discomfort

5. Anxiety/Depression

- I am not anxious or depressed
- I am moderately anxious or depressed
- I am extremely anxious or depressed

SECTION 4 – WORK STATUS

Have you returned to work since your ELBOW INJURY/SURGERY?

- I was not working before my shoulder injury/surgery, for reasons unrelated to my shoulder. (student/retired/unemployed)
- No, I have not returned to work.
- Yes, I am working. If yes, please indicate whether you work regular or modified duties/hour
 - Duties:** Regular/Full Modified
 - Hours:** Regular Modified
 - Date you returned to work (d/m/y):** _____

*** If you have **NOT** had surgery yet, please skip the sections below. ***

SECTION 5 – POST-OPERATIVE COMPLICATIONS

Have you had any of the following problems directly related to your shoulder surgery?

	Yes	No	I don't know
INFECTION of the shoulder requiring ANTIBIOTICS?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Excessive SWELLING in your shoulder requiring treatment by a doctor?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Further SURGERY to your shoulder for problems with the original procedure/surgery?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other MEDICAL complications such as a blood clot? (describe): _____	<input type="checkbox"/>	<input type="checkbox"/>	

***** THANK YOU FOR COMPLETING THIS QUESTIONNAIRE *****

Simple Shoulder Test

WAHT Shoulder Clinic

Please answer **YES** or **NO** for **BOTH** of your shoulders

		Affected		Normal	
		Yes	No	Yes	No
1	Is your shoulder comfortable with your arm at rest by your side?				
2	Does your shoulder allow you to sleep comfortably?				
3	Can you reach the small of your back to tuck in your shirt with your hand?				
4	Can you place your hand behind your head with the elbow straight out to the side?				
5	Can you place a coin on a shelf at the level of your shoulder without bending your elbow?				
6	Can you lift one pound (a full pint container) to the level of your shoulder without bending your elbow?				
7	Can you lift eight pounds (a full gallon container) to the level of your shoulder without bending your elbow?				
8	Can you carry twenty pounds at your side with this extremity?				
9	Do you think you can toss a softball under-hand twenty yards with this extremity?				
10	Do you think you can toss a softball over-hand twenty yards with this extremity?				
11	Can you wash the back of your opposite shoulder with this extremity?				
12	Would your shoulder allow you to work full-time at your regular job?				
FINAL SCORE (Count 'Yes' responses only)		/12		/12	