JOHNS HOPKINS
MEDICINE

Patient's ID sticker will go here

Return Shoulder Patient Questionnaire

What treatments have you tried for your shoulder **since your last clinic visit?**

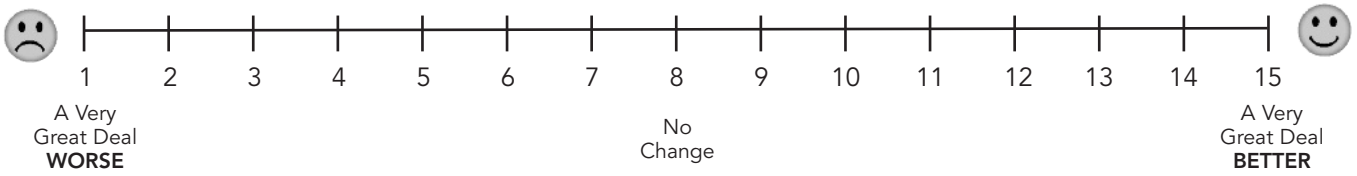
- ☐ Rest
- ☐ Activity modifications
- ☐ NSAIDs (ibuprofen, naproxen, etc.)
- ☐ Oral steroid
- ☐ Tylenol
- ☐ Narcotic pain medications
- ☐ Physical therapy
- ☐ Cortisone injection
- ☐ Surgery
- ☐ Other (list)

_____

_____

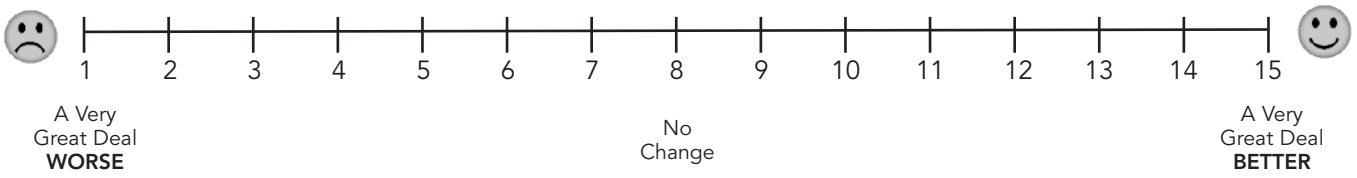
FUNCTION

1. **Since your last clinic visit,** has there been any change in the **FUNCTION** of your treated shoulder?
   Circle one answer.



PAIN

2. **Since your last clinic visit,** has there been any change in the **PAIN** of your treated shoulder?
   Circle one answer.



3. **Since your last clinic visit,** please rate your **RESPONSE** to treatment.
   Choose one answer.
   - ☐ None—no good at all, ineffective treatment
   - ☐ Poor—some effect but unsatisfactory
   - ☐ Good—satisfactory effect with occasional episodes of pain or stiffness
   - ☐ Excellent—ideal response, virtually pain-free

4. **Have you experienced any of the following?**
   Please check boxes that apply to you.

- ☐ Good general health
- ☐ Wound problems: (redness/swelling/drainage)
- ☐ Chills
- ☐ Fevers
- ☐ Night sweats
- ☐ Leg pain
- ☐ Leg swelling
- ☐ Rash
- ☐ Chest pain
- ☐ Shortness of breath
- ☐ Dizziness
- ☐ Fainting
- ☐ Palpitations
- ☐ Vision problems
- ☐ Hearing problems
- ☐ Speech problems
- ☐ Urinating problems
- ☐ Bowel problems
- ☐ Constipation
- ☐ Diarrhea
- ☐ Stomach problems
- ☐ Reflux/GERD
- ☐ Heartburn

COMPREHENSIVE SHOULDER ASSESSMENT

Please rank your shoulder's condition with respect to the following categories.
If only one shoulder is problematic, indicate which shoulder: ☐ RIGHT ☐ LEFT
If both shoulders are problematic, label each slash ("/") with "R" for right or "L" for left. See example.

EXAMPLE for problems affecting both shoulders

Category	Make a single slash ("/") along the line	
Overall Shoulder Assessment	Worse it could possibly be	Normal
Range of Motion	No ROM	Full/Normal ROM
Strength	No strength	Full/Normal Strength
Stability	No stability (easily dislocates, feels "loose")	Normal Stability
Activities of Daily Living (personal hygiene, dressing, sleeping, eating)	Unable to do	Able to perform all ADLs
Sports and Leisure Activities	Unable to do	Able to perform all desired activities
Effect of Shoulder Condition on Mental Well-being	Worse possible distress (anxiety, sadness, stress)	No distress

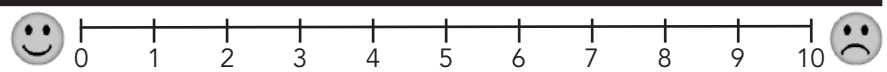
SHOULDER ASSESSMENT FORM – AMERICAN SHOULDER AND ELBOW SURGEONS

Check the number in the box that indicates your ability to do the following activities:
0 = Unable to do 1 = Very Difficult 2 = Somewhat Difficult 3 = Normal

Activity	LEFT Arm	RIGHT Arm
1. Put on a coat	☐ 0 ☐ 1 ☐ 2 ☐ 3	☐ 0 ☐ 1 ☐ 2 ☐ 3
2. Sleep on your painful or 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/Wash 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 pounds 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- List:	☐ 0 ☐ 1 ☐ 2 ☐ 3	☐ 0 ☐ 1 ☐ 2 ☐ 3
10. Do usual sport- List:	☐ 0 ☐ 1 ☐ 2 ☐ 3	☐ 0 ☐ 1 ☐ 2 ☐ 3

PAIN

On the following scale of 0-10, please **circle** your answer. **How bad is your pain today?**



FUNCTION

On the following scale of 0-10, please **circle** what you consider to be the most current **overall function of your shoulder.**