Return Shoulder Patient Questionnaire

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

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

FUNCTION

1. Since your last clinic visit, has there been any change in the FUNCTION of your treated shoulder?
   Circle one answer.
   - A Very Great Deal WORSE
   - No Change
   - A Very Great Deal BETTER

PAIN

2. Since your last clinic visit, has there been any change in the PAIN of your treated shoulder?
   Circle one answer.
   - A Very Great Deal WORSE
   - No Change
   - A Very Great Deal BETTER

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

This form is confidential and will become part of the patient’s medical record.
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

<table>
<thead>
<tr>
<th>Activity</th>
<th>LEFT Arm</th>
<th>RIGHT Arm</th>
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<tbody>
<tr>
<td>1. Put on a coat</td>
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<td>2. Sleep on your painful or affected side</td>
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<td>3. Wash back/do up bra in back</td>
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<td>4. Manage toileting</td>
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<td>5. Comb/Wash hair</td>
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<td>6. Reach a high shelf</td>
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<td>7. Lift 10 pounds above shoulder</td>
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<td>8. Throw a ball overhand</td>
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<td>9. Do usual work- List:</td>
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<td>10. Do usual sport- List:</td>
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</table>

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.

Please remember to bring copies of imaging cds, lab results, reports, tests and/or evaluations.