

## Shoulder Questionnaire - Page 1

Appointment Date: \_\_\_\_\_

ID:	Patient Name:	OrthoNebraska Physician:	Referring Physician:	Receptionist:
		Kirk S. Hutton, M.D.		

Problem Shoulder:       Right                                       Left                                       Both  
 Hand Dominance:       Right-Handed                                       Left Handed                                       Ambidextrous  
 Primary Sport: \_\_\_\_\_ Position: \_\_\_\_\_ Years Played: \_\_\_\_\_

### Injury & Treatment History

What is the primary reason for seeking medical attention (please choose one):

Loss of Shoulder Function     Pain     Stiffness     Shoulder Coming Out     Weakness     Other \_\_\_\_\_

Date of Onset of Symptoms: \_\_\_\_\_ Did you have an injury at the onset of symptoms?     Yes     No

If yes, was it work related?     Yes     No                                      Sport related?     Yes     No

Describe how the injury occurred: \_\_\_\_\_

Please rate these activities based on the following scale:

0 = unable to do                                      1 = very difficult to do  
 2 = somewhat difficult                                      3 = not difficult

	Right Arm	Left Arm
1. Putting on a coat	00 01 02 03	00 01 02 03
2. Sleeping on your painful or affected side	00 01 02 03	00 01 02 03
3. Washing back/doing up your bra on your back	00 01 02 03	00 01 02 03
4. Managing the toilet	00 01 02 03	00 01 02 03
5. Combing your hair	00 01 02 03	00 01 02 03
6. Reaching a high shelf	00 01 02 03	00 01 02 03
7. Lifting 10 lbs. above your shoulder	00 01 02 03	00 01 02 03
8. Throwing a ball overhand	00 01 02 03	00 01 02 03
9. Doing usual work, list	00 01 02 03	00 01 02 03
10. Doing usual sport, list:	00 01 02 03	00 01 02 03

Have you seen anyone else for treatment of this problem? (ER, family physician, chiro, specialist, other)

Family Physician: \_\_\_\_\_ Specialist: \_\_\_\_\_

Has your shoulder been injected?     Yes     No                                      If yes, # \_\_\_\_\_ by whom \_\_\_\_\_

Thirty minutes after the injection, how much improvement did you have?

Worse     0-25%     26-50%     51-75%     76-100%

What was the long term effect?

Worse     0-25%     26-50%     51-75%     76-100%

## Shoulder Questionnaire - Page 2

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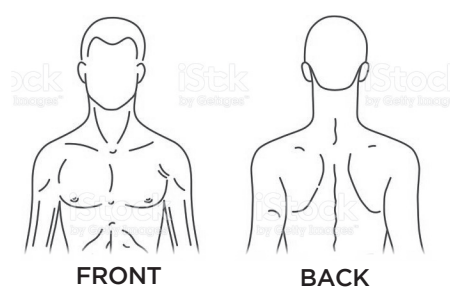
Have you had previous shoulder surgery?       Yes     No  
 Operation: \_\_\_\_\_ Date: \_\_\_\_\_  
 Operation: \_\_\_\_\_ Date: \_\_\_\_\_

Have you had supervised physical therapy?     Yes     No  
 Did you try other modalities, such as:     Ultrasound     TENS     ElecStim     Other:

### Pain Evaluation

Do you have pain in your shoulder now?                       Yes     No  
 Do you take pain medication? (aspirin, Advil, Tylenol, etc.)     Yes     No  
 Do you take narcotic pain medication (codeine or stronger)     Yes     No  
 How many pills do you take each day? (average)                      \_\_\_\_\_  
 How bad is your pain today? (0=none, 10=severe)                      \_\_\_\_\_  
 Do you have a loss of motion?     Yes     No  
 Do you notice popping or catching when moving the shoulder?     Yes     No  
 Do you notice numbness or pain going down into the fingers?     Yes     No  
 Do you have pain in your shoulder?                                         Yes     No

Please circle the area you are having pain on the picture below.



### Shoulder Instability

Have you ever had a shoulder dislocation that someone else had to put back in?     Yes     No  
 If yes, how many times? \_\_\_\_\_  
 How often does your shoulder feel like it will go out?     Never     Rarely     Occasionally     Frequently  
 Answer the following only if your shoulder dislocated out of the socket:  
 Does this instability occur with:                       Sport                       Daily Living                       Sleep  
 Which direction does it go back in:     Front                       Back                       Bottom                       All                       Unknown  
 How does your shoulder go back in:     By itself                       I pull on it                       Someone else assists  
 How is your shoulder instability changing with time?     Improving                       Unchanged                       Getting worse  
 How does your shoulder instability affect your ability to compete in sports?  
      No problems during competition                       I occasionally have to stop competing.  
      I have instability, but can continue to compete.     I frequently have instability and have to stop.  
      I rarely have to stop competing.                       I cannot compete due to instability.  
 Does certain position of your arm interfere with your performance?  
      No                       Yes, with my arm above my head                       Yes, with my arm in front of my body

Patient Signature: \_\_\_\_\_