

SHOULDER PAIN AND DISABILITY INDEX (SPADI)

Patient Name _____ Date _____

Please read carefully:

Instructions: Please circle the number that best describes the question being asked.

Pain scale:

No pain at all 0 1 2 3 4 5 6 7 8 9 10 Worst pain Imaginable

How severe is your pain?

1 At its worst?

0 1 2 3 4 5 6 7 8 9 10

2 When lying on the involved side?

0 1 2 3 4 5 6 7 8 9 10

3 Reaching for something on a high shelf?

0 1 2 3 4 5 6 7 8 9 10

4 Touching the back of your neck?

0 1 2 3 4 5 6 7 8 9 10

5 Pushing with the involved arm?

0 1 2 3 4 5 6 7 8 9 10

Disability scale:

No difficulty 0 1 2 3 4 5 6 7 8 9 10 So difficult it requires help

How much difficulty do you have?

1 Washing your hair?

0 1 2 3 4 5 6 7 8 9 10

2 Washing your back?

0 1 2 3 4 5 6 7 8 9 10

3 Putting on an undershirt or pullover sweater?

0 1 2 3 4 5 6 7 8 9 10

4 Putting on a shirt that buttons down the front?

0 1 2 3 4 5 6 7 8 9 10

5 Putting on your pants?

0 1 2 3 4 5 6 7 8 9 10

6 Placing an object on a high shelf?

0 1 2 3 4 5 6 7 8 9 10

7 Carrying a heavy object of 10 pounds?

0 1 2 3 4 5 6 7 8 9 10

8 Removing something from your back pocket?

0 1 2 3 4 5 6 7 8 9 10

OTHER COMMENTS: _____