

Shoulder Questionnaire: SPADI

NAME: _____

DATE: _____

Part 1: Pain	0 No Pain	1	2	3	4	5	6	7	8	9	10 Worst Pain
During the PAST WEEK how severe has your pain been?											
1. At Its worst?											
2. When lying on the involved side?											
3. Reaching for something on a high shelf?											
4. Touching the back of your neck?											
5. Pushing with the involved arm?											
Part 2: Function	0 NOT Difficult	1	2	3	4	5	6	7	8	9	10 MOST Difficult
During the PAST WEEK how much difficulty did you have:											
1. Washing your hair?											
2. Washing your back?											
3. Putting on an undershirt or pullover sweater?											
4. Putting on a shirt that buttons down the front?											
5. Putting on your pants?											
6. Placing an object on a high shelf?											
7. Carrying a heavy object of 10 pounds?											
8. Removing something from your back pocket?											

SCORING: TOTAL POINTS / TOTAL POSSIBLE

_____ / 130