

Shoulder Pain and Disability Index (SPDI)

Name: _____

Date: _____

We are interested in knowing whether you are having any difficulty at all with the activities listed below because of your shoulder problem for which you are currently seeking attention. Please provide one answer for each activity.

Today, how severe is your pain?

	Activity	0 = No pain < > 10 = Worst pain imaginable										
		0	1	2	3	4	5	6	7	8	9	10
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

Today, do you or would you have any difficulty at all with:

	Activity	0 = No difficulty < > 10 = So difficult it requires help										
		0	1	2	3	4	5	6	7	8	9	10
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 jumper?	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 (4.5 kilograms)?	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