

Name: _____

Date _____

Shoulder Pain and Disability Index (SPADI)

Please mark on the line that best represents your experience during the last week attributable to your shoulder problem.

Pain scale: How severe is your pain right now? Mark on line below.

No pain at all _____ Worst pain imaginable

Use the following scale to answer the questions below: 0 = no pain at all to 10 = the worst pain imaginable.

| Severity of Pain | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
|--|---|---|---|---|---|---|---|---|---|---|----|
| 1. How severe is your shoulder pain AT ITS WORST? | | | | | | | | | | | |
| 2. How severe is your shoulder pain when lying on the involved side? | | | | | | | | | | | |
| 3. How severe is your pain when reaching for something on a high shelf? | | | | | | | | | | | |
| 4. How severe is your pain level when attempting to touch the back of your neck? | | | | | | | | | | | |
| 5. How severe is your pain level when pushing with the involved arm? | | | | | | | | | | | |

Total Pain Score: _____

Disability scale: How much difficulty do you currently have? Mark on line below.

No difficulty at all _____ So difficult it requires help

Use the following scale to answer the questions below: 0 = no difficulty at all to 10 = so difficult it requires help.

| Tasks | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
|--|---|---|---|---|---|---|---|---|---|---|----|
| 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? | | | | | | | | | | | |

Total Disability Score: _____

Comments: _____

Patient Signature: _____

FOR OFFICE USE ONLY

Total Pain Score: _____ / 50 x 100 = _____ % Total Disability Score: _____ / 80 x 100 = _____ %

Total SPADI Score: _____ / 130 x 100 = _____ % SPADI Disability