

## SHOULDER INJURY SELF-ASSESSMENT OF FUNCTION

Patient Name \_\_\_\_\_

Date \_\_\_\_\_

**Please read carefully:**

*Please rate your ability to do the following common tasks as they relate to your injured shoulder.*

*Mark one answer to each question.*

TASK	Normal	Mild Compromise	Difficult	Very Difficult (with aid)	Unable
1. Use back pocket					
2. Wipe after bowel movement					
3. Wash opposite underarm					
4. Eat with fork or spoon					
5. Comb hair					
6. Use hand with arm at shoulder level					
7. Carry 10-15 pounds with arm at side					
8. Dress					
9. Sleep on affected side					
10. Pulling					
11. Use hand overhead					
12. Throwing					
13. Lifting					
14. Do usual work					
15. Do usual sport					

**COMMENTS:** \_\_\_\_\_

\_\_\_\_\_

EXAMINER: \_\_\_\_\_