

# Shoulder Pain and Disability Index

FAX (800) 599-8350

Patient Last Name	Patient First Name	Patient ID	Date of Birth (MM/DD/YYYY) ____/____/____
Provider Last Name	Provider First Name	Provider Phone (area code first)	

## Pain Scale

### How severe is your pain?

Circle the number that best describes your pain during the past week where: **0 = no pain** and **10 = the worst pain imaginable**.

At its worst?	0	1	2	3	4	5	6	7	8	9	10
When lying on the involved side?	0	1	2	3	4	5	6	7	8	9	10
Reaching for something on a higher shelf?	0	1	2	3	4	5	6	7	8	9	10
Touching the back of your neck?	0	1	2	3	4	5	6	7	8	9	10
Pushing with the involved arm?	0	1	2	3	4	5	6	7	8	9	10

### For Office Use:

**Total pain score:** \_\_\_\_\_ / 50 x 100 = \_\_\_\_\_ %

(Note: If a person does not answer all questions divide by the total possible score, e.g., If 1 question is missed divide by 40.)

## Disability Scale

### How much difficulty do you have?

Circle the number that best describes your experience during the past week where **0 = no difficulty** and **10 = so difficult it requires help**.

Washing your hair?	0	1	2	3	4	5	6	7	8	9	10
Washing your back?	0	1	2	3	4	5	6	7	8	9	10
Putting on an undershirt or jumper?	0	1	2	3	4	5	6	7	8	9	10
Putting on a shirt that buttons down the front?	0	1	2	3	4	5	6	7	8	9	10
Putting on your pants?	0	1	2	3	4	5	6	7	8	9	10
Placing an object on a high shelf?	0	1	2	3	4	5	6	7	8	9	10
Carrying a heavy object of 10 pounds (4.5 kilograms)?	0	1	2	3	4	5	6	7	8	9	10
Removing something from your back pocket?	0	1	2	3	4	5	6	7	8	9	10

### For Office Use:

**Total disability score:** \_\_\_\_\_ / 80 x 100 = \_\_\_\_\_ %

(Note: If a person does not answer all questions divide by the total possible score, e.g., If 1 question is missed divide by 70.)

**Total Spadi score:** \_\_\_\_\_ 130 x 100 = \_\_\_\_\_ %

(Note: If a person does not answer all questions divide by the total possible score, e.g., If 1 question is missed divide by 120.)

Minimum Detectable Change (90% confidence) = 13 points

(Change less than this may be attributable to measurement error)

I understand that the information I have provided above is current and complete to the best of my knowledge.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Source: Roach K.E. (1991) Development of a shoulder pain and disability index. Arthritis Care Research, 4:143-149.

### Mailing address:

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