

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.

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