

AbilityQ

Name:

Date:

Please mark the "Yes" box.

Yes

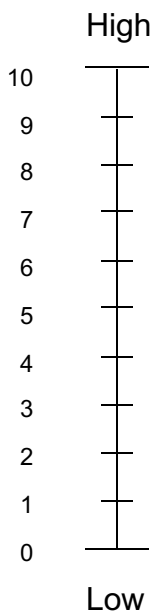
No

Please mark the "No" box.

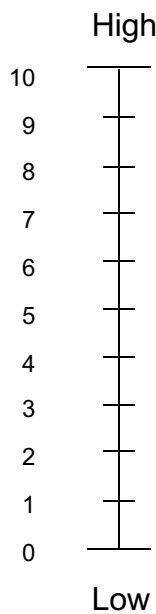
Yes

No

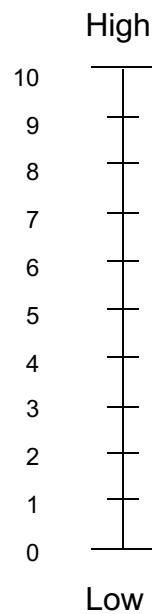
Please place a mark at the
MID POINT
Of the line below



Please place a mark at the
HIGHEST SCORE
On the line below



Please place a mark at the
LOWEST SCORE
On the line below



Please indicate "Mild" below:

- None
- Mild
- Moderate
- Severe

Please indicate "Much worse" below:

- Much worse
- A bit worse
- The same
- A bit better
- Much Better

How was the questionnaire completed?

- By the patient alone
- With help from friend /family
- With help from staff

If help was given, describe type of help:

- Just acting as scribe
- Reading questions out to them
- Presenting each question, one at a time
- Presenting questions enlarged on cards
- Bringing them back on track
- Other:

Administered by:

Print Name:

ShoulderQ

Name:

Date:

1. Do you have pain in your shoulder? Yes No

If Yes:

1a: When do you have pain?

- All of the time
- Most of the time
- Some of the time
- Only when my arm is moved

1b: How severe is your shoulder pain overall?

- Extremely severe
- Severe
- Moderate
- Mild

1c: How severe is your pain in comparison to last week?

- Much Better
- A little better
- The same
- A little worse
- Much worse

2. Does your pain wake you from sleep at night?

- Most nights
- Some nights
- Not at all

2a: If it wakes you from sleep, how many times a night?

- More than twice a night
- Once or twice a night
- Only occasionally

3. Does your pain interfere with therapy sessions?

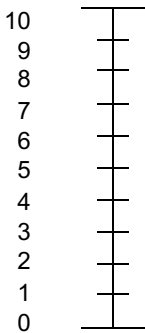
- Most sessions
- Some sessions
- Not at all

3a: If it interferes with therapy sessions, how much?

- Very much
- Quite a lot
- Only occasionally

4a: Mark on the line how severe your shoulder pain is AT REST

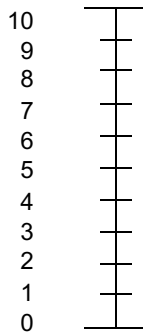
Pain as bad as it could be



No pain at all

4b: Mark on the line how severe your shoulder pain is ON MOVEMENT (eg in Physio)

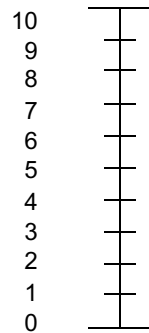
Pain as bad as it could be



No pain at all

4c: Mark on the line how severe your shoulder pain is AT NIGHT

Pain as bad as it could be



No pain at all

5. During which tasks do you have more pain

- Transfers
- Washing and dressing
- Physiotherapy sessions
- Turning in bed at night
- None of the above
- Something else: (give details)

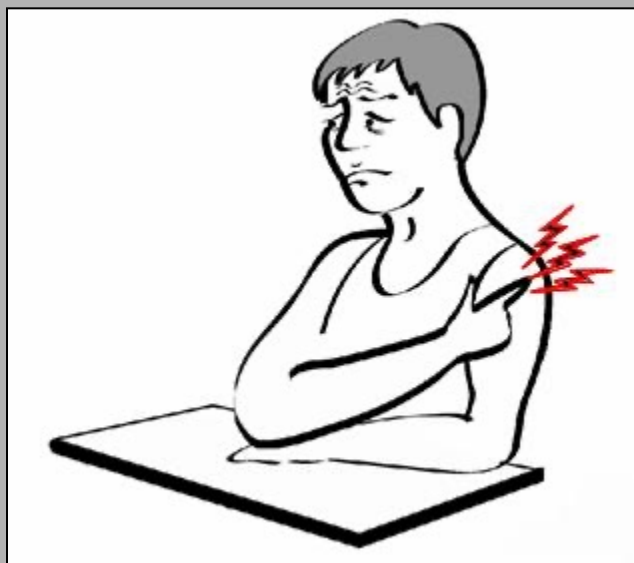
6. Which of the following helps to relieve your pain?

- Positioning - such as support on pillow / arm rest
- Pain-killing tablets
- Strapping / brace
- Functional Electrical Stimulation
- None of the above
- Something else: (give details)

SPIN version of shoulderQ

For patients with communication
difficulties

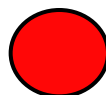
Do you have pain in your shoulder?



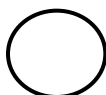
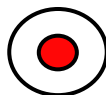
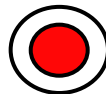
Yes

No

How bad is the pain when sitting still?

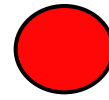


Pain as bad as it could be

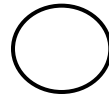
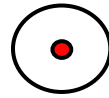
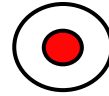
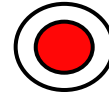
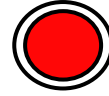


No pain

How **bad** is the **pain**
when your arm is **moved**?

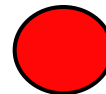


**Pain as bad
as it could be**

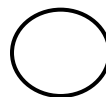
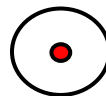
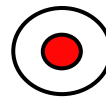
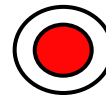
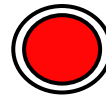


No pain

How **bad** is the **pain** at **night**?



**Pain as bad
as it could be**



No pain