

SHOULDER QUESTIONNAIRE

Advanced Sportsmedicine Center

1. FULL NAME: _____ AGE: _____ TODAY'S DATE: ____/____/____

2. Which shoulder bothers you? RIGHT LEFT BOTH

3. When was the **first time** you had shoulder symptoms? _____

4. When did your **present** shoulder problem begin? _____ How did it occur? _____

5. What is your dominant hand? RIGHT LEFT

6. Have you had prior **right** shoulder injuries? YES NO If so, when & where? _____

7. Have you had prior **left** shoulder injuries? YES NO If so, when & where? _____

8. What part of your shoulder hurts? FRONT BACK SIDE UPPER ARM ENTIRE ARM
OTHER _____

9. Do you have pain while trying to sleep at night? YES NO

10. What causes shoulder pain? TUCKING SHIRT IN HANDS OVERHEAD WEATHER CHANGES LIFTING
NONE OTHER _____

11. Is your shoulder pain getting: BETTER WORSE STAYING THE SAME?

12. Do you have any of the following?

	YES	NO		YES	NO
Shoulder popping	<input type="checkbox"/>	<input type="checkbox"/>	Tingling	<input type="checkbox"/>	<input type="checkbox"/>
Shoulder looseness	<input type="checkbox"/>	<input type="checkbox"/>	Weakness	<input type="checkbox"/>	<input type="checkbox"/>
Dead arm feeling	<input type="checkbox"/>	<input type="checkbox"/>	Shoulder pain at rest	<input type="checkbox"/>	<input type="checkbox"/>
Lost motion	<input type="checkbox"/>	<input type="checkbox"/>	Shoulder blade popping	<input type="checkbox"/>	<input type="checkbox"/>
Pain with shrugging	<input type="checkbox"/>	<input type="checkbox"/>	Pain below the elbow	<input type="checkbox"/>	<input type="checkbox"/>
Decreased sensation	<input type="checkbox"/>	<input type="checkbox"/>	Neck pain	<input type="checkbox"/>	<input type="checkbox"/>

13. Are you still able to perform routine activities of daily living? YES NO
If so, please list activities UNABLE to perform: _____

14. Have you had shoulder X-rays? YES NO If so, when & where? _____

15. Have you had a shoulder MRI? YES NO If so, when & where? _____

16. Has a doctor evaluated your shoulder? YES NO If so, whom? _____

17. Check any shoulder treatments you have already tried?

ICE HEAT REST INJECTIONS TOPICAL AGENTS
HERBAL PREPARATIONS GLUCOSAMINE PHYSICAL THERAPY HOME REHAB/EXERCISES
OTHER (Please list) _____
SHOULDER MEDICATIONS (Please list) _____

WHICH TREATMENTS HAVE HELPED? (Please list) _____