

SHOULDER ELBOW UPPER EXTREMITY SURVEY

То	day's date:	Date of	birth:			
Na	me:					
	r Office Use: Date of Surgery:		_			
Ц	Pre-operative	☐ 6 month	n follow up 📙	1 year follow u	o L Annual	
tra eve	STRUCTIONS: This survey asks for your ack of how you feel and how well you a ery question by ticking the appropriate answer a question, please give the bes	re able to de box, only o	o your usual act ne box for each	tivities. For ques	tions 3 thru 17,	answer
Which side is your dominant hand?			Please indicate	the involved joi	nt side:	
☐ Left		☐ Left				
☐ Right			□ Right			
1.	Usual Work					
2.	Usual Sport/Leisure Activity					
Pai	in Questionnaire					
3.	Do you have shoulder pain at night?	☐ Yes ☐ N	lo			
	Do you take pain killers such as paracetamol (acetaminophen), diclofenac, or ibuprofen? 🗖 Yes 🗖 No					
5.	Do you take strong pain killers such as codeine, tramadol, or morphine? ☐ Yes ☐ No					
6.	How many pills do you take on an ave	rage day? _				
7.	Intensity of pain? $\square 0$ $\square 1$ $\square 2$	□ 3 □ 4	□5 □6	□ 7 □ 8 □ 9	9 □10	
	No pain				Pain as bad as it	can be
Ac	tivities of Daily Living Questionnaire		•			
			Very	Somewhat	Not	
		to do	difficult	difficult	difficult	
8.	Put on a coat?					
9.	Sleep on the affected side?					
10	. Wash your back/do up bra?					
11	. Manage toileting?					
12	. Comb your hair?					
13	. Reach a high shelf?					
14	. <u>Lift 10lbs. (4.5kg) above your shoulde</u>	r? 🔲				
15	. Throw a ball overhand?					
16	. <u>Do your usual work</u>					
17	. Do your usual sport/leisure activity?					