

**SHOULDER PAIN AND DISABILITY INDEX (SPADI)**

Patient Name: \_\_\_\_\_ Date: \_\_\_\_\_

Please indicate which of the following things you have difficulty in doing because of your symptoms. Circle the number that indicates how much difficulty you have with each activity.

**PAIN SCALE**

<i>How severe is your pain:</i>	<u>No Problem</u>	<u>Major Problem</u>
1. at its worst?	0 1 2 3 4 5 6 7 8 9 10	
2. when lying on the involved side?	0 1 2 3 4 5 6 7 8 9 10	
3. reaching for something on a high shelf?	0 1 2 3 4 5 6 7 8 9 10	
4. touching the back of your neck?	0 1 2 3 4 5 6 7 8 9 10	
5. pushing with the involved arm?	0 1 2 3 4 5 6 7 8 9 10	

**DISABILITY SCALE**

<i>How much difficulty do you have:</i>	<u>No Problem</u>	<u>Major Problem</u>
1. washing your hair?	0 1 2 3 4 5 6 7 8 9 10	
2. washing your back?	0 1 2 3 4 5 6 7 8 9 10	
3. putting on an undershirt or pullover sweater?	0 1 2 3 4 5 6 7 8 9 10	
4. putting on a shirt with buttons down the front?	0 1 2 3 4 5 6 7 8 9 10	
5. putting on your pants?	0 1 2 3 4 5 6 7 8 9 10	
6. placing an object on a high shelf?	0 1 2 3 4 5 6 7 8 9 10	
7. carrying a heavy object over 10 pounds?	0 1 2 3 4 5 6 7 8 9 10	
8. removing something from your back pocket?	0 1 2 3 4 5 6 7 8 9 10	

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