

## GARDINER FAMILY CHIROPRACTIC SHOULDER INJURY QUESTIONNAIRE

Name \_\_\_\_\_ Date \_\_\_\_\_

The purpose of this questionnaire is to measure your perceived disability from your shoulder. The selections you choose will give your doctor information about how your pain has affected your ability to manage in everyday life.

INSTRUCTIONS: In each section, mark with an "X" only *one* box which most closely applies to your *shoulder*.  
Please answer every section.

USE BACK POCKET		SLEEP ON AFFECTED SIDE	
<input type="checkbox"/> 0	Normal	<input type="checkbox"/> 0	Normal
<input type="checkbox"/> 1	Mild compromise	<input type="checkbox"/> 1	Mild compromise
<input type="checkbox"/> 2	Difficult	<input type="checkbox"/> 2	Difficult
<input type="checkbox"/> 3	Very Difficult (with aid)	<input type="checkbox"/> 3	Very Difficult (with aid)
<input type="checkbox"/> 4	Unable	<input type="checkbox"/> 4	Unable
WIPE AFTER BOWEL MOVEMENT		PULLING	
<input type="checkbox"/> 0	Normal	<input type="checkbox"/> 0	Normal
<input type="checkbox"/> 1	Mild compromise	<input type="checkbox"/> 1	Mild compromise
<input type="checkbox"/> 2	Difficult	<input type="checkbox"/> 2	Difficult
<input type="checkbox"/> 3	Very Difficult (with aid)	<input type="checkbox"/> 3	Very Difficult (with aid)
<input type="checkbox"/> 4	Unable	<input type="checkbox"/> 4	Unable
WASH OPPOSITE UNDERARM		USE HAND OVER HEAD	
<input type="checkbox"/> 0	Normal	<input type="checkbox"/> 0	Normal
<input type="checkbox"/> 1	Mild compromise	<input type="checkbox"/> 1	Mild compromise
<input type="checkbox"/> 2	Difficult	<input type="checkbox"/> 2	Difficult
<input type="checkbox"/> 3	Very Difficult (with aid)	<input type="checkbox"/> 3	Very Difficult (with aid)
<input type="checkbox"/> 4	Unable	<input type="checkbox"/> 4	Unable
EAT WITH FORK OR SPOON		THROWING	
<input type="checkbox"/> 0	Normal	<input type="checkbox"/> 0	Normal
<input type="checkbox"/> 1	Mild compromise	<input type="checkbox"/> 1	Mild compromise
<input type="checkbox"/> 2	Difficult	<input type="checkbox"/> 2	Difficult
<input type="checkbox"/> 3	Very Difficult (with aid)	<input type="checkbox"/> 3	Very Difficult (with aid)
<input type="checkbox"/> 4	Unable	<input type="checkbox"/> 4	Unable
COMB HAIR		LIFTING	
<input type="checkbox"/> 0	Normal	<input type="checkbox"/> 0	Normal
<input type="checkbox"/> 1	Mild compromise	<input type="checkbox"/> 1	Mild compromise
<input type="checkbox"/> 2	Difficult	<input type="checkbox"/> 2	Difficult
<input type="checkbox"/> 3	Very Difficult (with aid)	<input type="checkbox"/> 3	Very Difficult (with aid)
<input type="checkbox"/> 4	Unable	<input type="checkbox"/> 4	Unable
USE HAND W/ ARM AT SHOULDER LEVEL		DO USUAL WORK	
<input type="checkbox"/> 0	Normal	<input type="checkbox"/> 0	Normal
<input type="checkbox"/> 1	Mild compromise	<input type="checkbox"/> 1	Mild compromise
<input type="checkbox"/> 2	Difficult	<input type="checkbox"/> 2	Difficult
<input type="checkbox"/> 3	Very Difficult (with aid)	<input type="checkbox"/> 3	Very Difficult (with aid)
<input type="checkbox"/> 4	Unable	<input type="checkbox"/> 4	Unable
CARRY 10-15 POUNDS W/ ARM AT SIDE		DO USUAL SPORT	
<input type="checkbox"/> 0	Normal	<input type="checkbox"/> 0	Normal
<input type="checkbox"/> 1	Mild compromise	<input type="checkbox"/> 1	Mild compromise
<input type="checkbox"/> 2	Difficult	<input type="checkbox"/> 2	Difficult
<input type="checkbox"/> 3	Very Difficult (with aid)	<input type="checkbox"/> 3	Very Difficult (with aid)
<input type="checkbox"/> 4	Unable	<input type="checkbox"/> 4	Unable
DRESS			
<input type="checkbox"/> 0	Normal		
<input type="checkbox"/> 1	Mild compromise		
<input type="checkbox"/> 2	Difficult		
<input type="checkbox"/> 3	Very Difficult (with aid)		
<input type="checkbox"/> 4	Unable		