NORTHSIDE | ORTHOPEDIC SPECIALISTS

A Northside Network Provider

Name	Age Date
1. Usual Work	2. Usual Sport/Leisure activity?
3. Do you have shoulder pain at night? ☐ Yes ☐ No	 4. 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 average day?
7. Intensity of pain? 10 9 8 7 6 Pain as bad as it can be	□ 5 □ 4 □ 3 □ 2 □ 1 □ 0 No pain at all
8. Is it difficult for you to put on a coat? Unable to do Very difficult to do Somewhat difficult Not difficult	 9. Is it difficult for you to sleep on the affected side? Unable to do Very difficult to do Somewhat difficult Not difficult
10. Is it difficult for you to wash your back/do up bra? ☐ Unable to do ☐ Very difficult to do ☐ Somewhat difficult ☐ Not difficult	 11. Is it difficult for you manage toileting? Unable to do Very difficult to do Somewhat difficult Not difficult
12. Is it difficult for you to comb your hair? ☐ Unable to do ☐ Very difficult to do ☐ Somewhat difficult ☐ Not difficult	13. Is it difficult for you to reach a high shelf? ☐ Unable to do ☐ Very difficult to do ☐ Somewhat difficult ☐ Not difficult
14. Is it difficult for you to lift 10lbs. (4.5kg) above your shoulder? ☐ Unable to do ☐ Very difficult to do ☐ Somewhat difficult ☐ Not difficult	15. Is it difficult for you to throw a ball overhand? ☐ Unable to do ☐ Very difficult to do ☐ Somewhat difficult ☐ Not difficult
16. Is it difficult for you to do your usual work? ☐ Unable to do ☐ Very difficult to do ☐ Somewhat difficult ☐ Not difficult	17. Is it difficult for you to do your usual sport/leisure activity? ☐ Unable to do ☐ Very difficult to do ☐ Somewhat difficult ☐ Not difficult
	The Total ASES score is:

Reference: American Shoulder and Elbow Surgeons Standardized Shoulder Assessment Form, patient self-report section: reliability, validity, and responsiveness. Michener LA, McClure PW, Sennett BJ.J Shoulder Elbow Surg. 2002

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