SHOULDER PAIN AND DISABILITY INDEX (SPADI)

Patient Name _								Dat	e	
Please read car	efully:									
Instructions: Ple	ease circle the num	nber that be	st describe	s the ques	tion being	g asked.				
Pain s No pa	scale: iin at all 0 1	2	3	4	5	6	7	8	9	10 Worst pain Imaginable
How severe is y	your pain?									imagmaoic
1.	At its worst?	2	3	4	5	6	7	8	9	10
2.	When lying or 0 1	n the involv	ved side?	4	5	6	7	8	9	10
3.	Reaching for s	something of	on a high s 3	helf? 4	5	6	7	8	9	10
4.	Touching the 0 1	back of you 2	ır neck?	4	5	6	7	8	9	10
5.	Pushing with 0 1	the involve 2	d arm?	4	5	6	7	8	9	10
	ility scale: fficulty 0 1	2	3	4	5	6	7	8	9	10 So difficult it requires help
How much diff	ïculty do you hav	e?								1 1
1.	Washing your 0 1	hair?	3	4	5	6	7	8	9	10
2.	Washing your 0 1	back?	3	4	5	6	7	8	9	10
3.	Putting on an 0 1	undershirt	or pullovei	sweater?	5	6	7	8	9	10
4.	Putting on a si	hirt that but	ttons down	the front?	5	6	7	8	9	10
5.	Putting on you	ur pants?	3	4	5	6	7	8	9	10
6.	Placing an obj	ject on a hig 2	gh shelf?	4	5	6	7	8	9	10
7.	Carrying a hea	avy object o	of 10 poun 3	ds? 4	5	6	7	8	9	10
8.	Removing something from your back pocket? 0 1 2 3 4					6	7	8	9	10
OTHER COM	MENTS:				5					

With permission from: Williams JW Jr., Holleman DR Jr., Simel DL: Measuring shoulder function with the Shoulder Pain and Disability Index. *J Rheumatol* 1995; 22 (4); 727-732