

SHOULDER PAIN AND DISABILITY INDEX (SPADI)

Patient Name _____

Date _____

Please read carefully:

Instructions: Please circle the number that best describes the question being asked.

Pain scale:

No pain at all 0 1 2 3 4 5 6 7 8 9 10 Worst pain
Imaginable

How severe is your pain?

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:

No difficulty 0 1 2 3 4 5 6 7 8 9 10 So difficult it
requires help

How much difficulty do you have?

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 that 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 of 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

OTHER COMMENTS: _____

Examiner: _____