

# SHOULDER INJURY SELF-ASSESSMENT OF FUNCTION

Please rate your ability to do the following common tasks as they relate to your injured shoulder by placing a check mark in the appropriate box.

	0	1	2	3	4
	NORMAL	MILD COMPROMISE	DIFFICULT	VERY DIFFICULT (WITH AID)	OTHER/CANNOT DO AT ALL
Use back pocket					
Wipe after bowel movement					
Wash opposite underarm					
Eat with fork or spoon					
Comb hair					
Use hand with arm at shoulder level					
Carry 10-15 pounds with arm at side					
Dress					
Sleep on affected side					
Pulling					
Use hand over-head					
Throwing					
Lifting					
Do usual work					
Do usual sport					

NAME \_\_\_\_\_ DATE \_\_\_\_\_ AGE \_\_\_\_\_