

**UNIVERSITY OF WASHINGTON SHOULDER INFORMATION FORM
SIMPLE SHOULDER TEST**

PATIENT NAME: _____ DATE: _____

Please answer these questions about your shoulder.

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| 1. Is your shoulder comfortable with your arm at rest by your side? | YES | NO |
| 2. Does your shoulder allow you to sleep comfortably? | YES | NO |
| 3. Can you reach the small of your back to tuck in your shirt with your hand? | YES | NO |
| 4. Can you place your hand behind your head with the elbow straight out to the side? | YES | NO |
| 5. Can you place a coin on a shelf at the level of your shoulder without bending your elbow? | YES | NO |
| 6. Can you lift 1 pound (a full pint container) to the level of the top of your Shoulder without bending your elbow? | YES | NO |
| 7. Can you lift 8 pounds (a full gallon container) to the level of the top of your head without bending your elbow? | YES | NO |
| 8. Can you carry 20 pounds (a bag of potatoes) at your side with the affected extremity? | YES | NO |
| 9. Do you think you can toss a softball underhand 10 yards with the affected extremity? | YES | NO |
| 10. Do you think you can throw a softball underhand 20 yards with the affected extremity? | YES | NO |
| 11. Can you wash the back of your opposite shoulder with the affected extremity? | YES | NO |
| 12. Would your shoulder allow you to work full time at your regular job? | YES | NO |

Are there other important things you cannot do as a result of your shoulder problem?

Previous Doctors you have seen about your shoulder problem?

Previous tests you have had concerning your shoulder problem?

How many cortisone, steroid, or other types of injections have you had in your shoulder?

Previous shoulder surgeries (Please list which shoulder, procedure and date)?

Are there any other aspects of your shoulder problems that we should know about?

Any Family History of shoulder problems?