MEMORIAL ORTHOPAEDIC SURGICAL GROUP
A Medical Corporation

Shoulder and Elbow Self Evaluation

Name: ______________________ Age:________ Date:______________ Record Number:______________

Which hand do you throw with? | right | left |

How long have you had shoulder or elbow pain? ________

What started the pain? ________

Do you have pain in the shoulder or elbow at night? | yes | no |

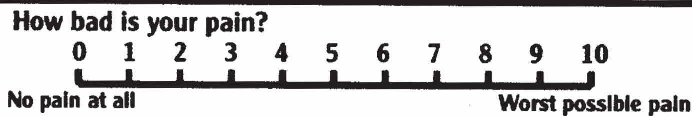
Do you take pain medication? | yes | no |

Do you take narcotic pain medication? | yes | no |

How many pain pills do you take a day? ________

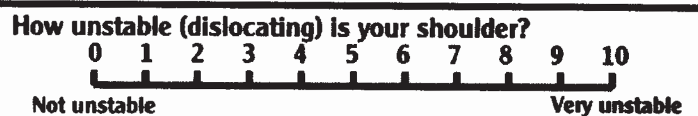
What pain pills do you take? ________

How bad is your pain?



No pain at all — Worst possible pain

How unstable (dislocating) is your shoulder?



Not unstable — Very unstable

Mark where your pain is on this drawing:

X= sharp pain O= burning pain

Mark where your nerve symptoms are on this drawing:

N= numbness E= electricity C= coldness

Circle the number in the box that indicates your ability to do the following activities:
0= Unable to do 1= Very difficult to do 2= Somewhat difficult to do 3= normal

Activity	Right Arm	Left Arm
Sleep on your painful side	0 1 2 3	0 1 2 3
Put your arm back through the sleeve of a coat or shirt	0 1 2 3	0 1 2 3
Wash your back or fasten a bra in back	0 1 2 3	0 1 2 3
Manage normal toileting / wiping	0 1 2 3	0 1 2 3
Comb your hair or wash your head	0 1 2 3	0 1 2 3
Reach a high shelf above your shoulder level	0 1 2 3	0 1 2 3
Lift 10 pounds above your shoulder	0 1 2 3	0 1 2 3
Carry 10 pounds at your side	0 1 2 3	0 1 2 3
Wash your opposite armpit	0 1 2 3	0 1 2 3
Reach your mouth with your hand to eat	0 1 2 3	0 1 2 3
Turn a doorknob and open a door	0 1 2 3	0 1 2 3
Throw a ball overhand	0 1 2 3	0 1 2 3
Do usual work - Please List:	0 1 2 3	0 1 2 3
Do usual sports - Please List:	0 1 2 3	0 1 2 3