SHOULDER PAIN SCORE

Name _____ Number _____ Date _____

	None	Light	Average	Severe
Pain at rest	☐	☐	☐	☐
Pain in motion	☐	☐	☐	☐
Nightly pain	☐	☐	☐	☐
Sleeping problems caused by pain	☐	☐	☐	☐
Incapability of lying on the painful side	☐	☐	☐	☐

	None	Till halfway the upper arm	Till the elbow	Past the elbow
Degree of radiation	☐	☐	☐	☐

Pain Scale:

Indicate on the line below the number between 0 and 100 that best describes your pain.

No pain is 0 ⟶ Unbearable pain is 100

Reference: Winters J. C., Sobel J. S., Gronier K. H., Arendxen J.H., Meyboorn-De Jong B. A Shoulder Pain Score: A Comprehensive Questionnaire for Assessing Pain n Patients with Shoulder Complaints. Scand J Rehab Med 28:163-167. 1996