



Shoulder Pain and Disability Index (SPADI)

Name: _____ Date of Birth: ___ / ___ / ___ MR# _____

Mark each section by circling the number that best describes your problem.

Pain scale

How severe is your pain?

(0 = no pain 10 = worst pain imaginable NA = not applicable)

- | | | | | | | | | | | | | |
|--|---|---|---|---|---|---|---|---|---|---|----|----|
| 1. At its worst? | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | NA |
| 2. When lying on the involved side? | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | NA |
| 3. Reaching for something on a high shelf? | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | NA |
| 4. Touching the back of your neck? | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | NA |
| 5. Pushing with the involved arm? | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | NA |

Disability scale

How much difficulty do you have?

(0 = no difficulty 10 = so difficult it required help NA = not applicable)

- | | | | | | | | | | | | | |
|--|---|---|---|---|---|---|---|---|---|---|----|----|
| 1. Washing your hair? | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | NA |
| 2. Washing your back? | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | NA |
| 3. Putting on an undershirt or pullover sweater? | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | NA |
| 4. Putting on a shirt that buttons down the front? | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | NA |
| 5. Putting on your pants? | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | NA |
| 6. Placing an object on a high shelf? | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | NA |
| 7. Carrying a heavy object of 10 pounds? | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | NA |
| 8. Removing something from your back pocket? | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | NA |

Patient Signature: _____

Date: _____ Time: _____