

## Shoulder / Elbow / Hand Pain and Disability Index

Name \_\_\_\_\_ Date \_\_\_\_\_ Patient #: \_\_\_\_\_

Please answer each question by checking the appropriate line that most applies to you.

**How much difficulty do you have?**

	UNABLE TO DO	ABLE TO DO WITH PAIN	NO DIFFICULTY OR PAIN
1. Washing your hair?	_____	_____	_____
2. Washing your back?	_____	_____	_____
3. Putting on undershirt or pullover sweater?	_____	_____	_____
4. Putting on a shirt that buttons down the front?	_____	_____	_____
5. Putting on your pants?	_____	_____	_____
6. Placing an object on a high shelf or in a high cabinet?	_____	_____	_____
7. Carrying heavy objects (i.e., gallon of milk, bag of groceries / back pack, etc.)	_____	_____	_____
8. Removing something from your back pocket?	_____	_____	_____
9. Putting on / taking off a bra / belt (circle)?	_____	_____	_____
10. Emptying the dishwasher?	_____	_____	_____
11. Turning a door knob or key?	_____	_____	_____
12. Lifting a full cup of coffee or glass of milk to your mouth?	_____	_____	_____
13. Opening a jar?	_____	_____	_____
14. Buttoning buttons / tying shoelaces?	_____	_____	_____

Occupational therapy goals: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Reference: Modified from;  
 Williams, J.W., Holleman, D.R., Simel, D.L. (1995). Measuring shoulder function with the shoulder pain and disability index. *Journal of Rheumatology*, 22, 727-732. Roach, K.E., Budiman-mak E., Songsirideg, N., Youngsuk, L., (2001). Development of a shoulder pain and disability index. *Arthritis and Research*, 4, 143-149.