

Patient: _____

Date: _____

Shoulder Pain and Disability Index (SPADI)

Pain Scale: How severe is your pain? 0 = No Pain 10 = Worst Pain Imaginable	
1. At its worst?	
2. When lying on the involved side?	
3. Reaching for something on a high shelf?	
4. Touching the back of your neck?	
5. Pushing with the involved arm?	
Disability Scale: How much difficulty do you have? 0 = No Difficulty 10 = So Difficult It Required Help	
1. Washing your hair?	
2. Washing your back?	
3. Putting on an 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?	
7. Carrying a heavy object of 10 pounds?	
8. Removing something from your back pocket?	