

## SHOULDER PAIN AND DISABILITY INDEX (SPADI)

Patient Name \_\_\_\_\_

Date \_\_\_\_\_

### Please read carefully:

Instructions: Please circle the number that best describes the question being asked.

#### Pain scale:

No pain at all 0 1 2 3 4 5 6 7 8 9 10 Worst pain  
Imaginable

### How severe is your pain?

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

#### Disability scale:

No difficulty 0 1 2 3 4 5 6 7 8 9 10 So difficult it  
requires help

### How much difficulty do you have?

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

**OTHER COMMENTS:** \_\_\_\_\_

**Examiner:** \_\_\_\_\_