



## Shoulder Pain and Disability Index (SPADI)

Name: \_\_\_\_\_ D.O.B. \_\_\_\_/\_\_\_\_/\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Disability scale: On a Scale from 0 to 10, How much difficulty do you have....

(0 = no difficulty, 5=moderate difficulty, 10 = unable to do N/A = not applicable)

- \_\_\_\_\_ 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?

\_\_\_\_\_ Total

**Scoring:** Add the scores for each question and divide by the total possible number. If the patient marks two or more items not applicable, no score is calculated.

### References:

Williams, J.W., Hollerman, D.R., Simel, D.L. (1995). Measuring shoulder function with the shoulder pain and disability index. *Journal of Rheumatology*, 22, 727-32.

Roach, K.E., Budiman-mak E, Songsirdeg, N., Yongsuk, L., (1001). Development of a shoulder pain and disability index. *Arthritis and Research*, 4, 143-149

Patient Name (print): \_\_\_\_\_

Date: \_\_\_\_\_

\_\_\_\_\_  
Signature of Patient (parent/guardian must sign for minors)