



Orthopaedic Associates of Zanesville

2854 Bell Street Zanesville, Ohio 43701 P: 740-454-3273 F: 740-588-1081 www.orthozane.com

SHOULDER PAIN QUESTIONNAIRE

Patient Name: _____ DOB: _____ Date: _____

- Which shoulder is bothering you? Left Right Both
- Are you left handed or right handed? Left Right
- What type of work do you do? _____
- Did your shoulder pain start with a specific injury? Yes or No
 - If "yes": Date of injury: _____
 - Mechanism of injury: _____
 - Did you feel a pop or a snap with the injury? Yes or No
 - Is the injury work related? Yes or No
 - Is it the result of a car accident? Yes or No
- If there was no injury, did the pain start with a particular activity (such as baseball, tennis, painting, etc.)?
 - If "yes", what started the pain? _____
- If you did not have an injury, when did the pain start? _____
- What are your primary sports and/or activities? _____
- How do you describe your pain? _____
- How severe is it? (1-10 scale) _____
- Have you dropped items due to a shoulder condition? Yes or No
- Do any of the following increase your pain? Yes or No

○ Sleeping on the affected shoulder:	Yes	Minimally	No
○ Lifting your arm overhead:	Yes	Minimally	No
○ Reaching out from your side:	Yes	Minimally	No
○ Reaching behind your back:	Yes	Minimally	No
○ Throwing motion:	Yes	Minimally	No
○ Participating in sports:	Yes	Minimally	No
○ Work activities:	Yes	Minimally	No
○ Is there anything else that increases your pain?	_____		
- Do any of the following decrease your pain? Yes or No

○ Rest:	Yes	Minimally	No
○ Ice:	Yes	Minimally	No
○ Heat:	Yes	Minimally	No
○ Over the counter meds (Tylenol/Advil)	Yes	Minimally	No
○ Prescription meds:	Yes	Minimally	No
○ Is there anything else that decreases your pain?	_____		
- Does the pain move down your arm or up into your neck? Yes or No
- Do you have shoulder pain at night? Yes or No
- Do you have any of the following symptoms?



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SHOULDER PAIN QUESTIONNAIRE (cont'd)

ALLERGIES:

Medications

(Please describe)

None _____

Yes _____

Latex

None _____

Yes _____

Metal

None _____

Yes _____
