

Shoulder Pain and Disability Index (SPADI)



Name: _____

Date: _____

Please place a mark on the line that best represents your experience during the last week attributed to your shoulder problem.

Pain Scale: How severe is your pain?

Circle the number that best describes your pain where: **0 = no pain** and **10 = the worst pain imaginable**.

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

Disability Scale: How much difficulty do you have?

Circle the number that best describes your pain where: **0 = no difficulty** and **10 = so difficult it requires help**.

Washing your hair?	0	1	2	3	4	5	6	7	8	9	10
Washing your back?	0	1	2	3	4	5	6	7	8	9	10
Putting on an undershirt or jumper?	0	1	2	3	4	5	6	7	8	9	10
Putting on a shirt that buttons down in front?	0	1	2	3	4	5	6	7	8	9	10
Putting on your pants?	0	1	2	3	4	5	6	7	8	9	10
Placing an object on a high shelf?	0	1	2	3	4	5	6	7	8	9	10
Carrying a heavy object of 10 pounds (4.5 kilograms)?	0	1	2	3	4	5	6	7	8	9	10
Removing something from your back pocket?	0	1	2	3	4	5	6	7	8	9	10

Total SPADI Score: ____/130 points (MDC: 13 points; No Disability = 0)

0 - 0 - CH
1 - 26 - CI
27 - 52 - CJ

53 - 79 - CK
80 - 105 - CL

106 - 129 - CM
130 - 130 - CN