

ASES SCORING SYSTEM

Are you having pain in your shoulder?	YES	NO
Do you have pain in your shoulder at night?	YES	NO
Do you take pain medication (aspirin, Tylenol, Advil, etc...)?	YES	NO
Do you take narcotic pain medication (codeine or stronger)?	YES	NO
How many pills do you take each day (average)?	pills	
How bad is your pain today (mark line)?		
0	10	
No pain at all	Pain as bad as it can be	

Does your shoulder feel unstable (as if is going to dislocate)?	YES	NO
How unstable is your shoulder (mark line)?		
0	10	
Very Stable	Very Unstable	

**Circle the number in the box that indicates your ability to do the following activities:
0 = unable to do; 1 = very difficult to do; 2 = somewhat difficult; 3 = not difficult**

Activity	Right Arm	Left Arm
1. Put on a coat	0 1 2 3	0 1 2 3
2. Sleep on your painful or affected side	0 1 2 3	0 1 2 3
3. Wash back or do up bra in back	0 1 2 3	0 1 2 3
4. Manage toileting	0 1 2 3	0 1 2 3
5. Comb hair	0 1 2 3	0 1 2 3
6. Reach a high shelf	0 1 2 3	0 1 2 3
7. Lift 10 lb above the shoulder	0 1 2 3	0 1 2 3
8. Throw a ball overhand	0 1 2 3	0 1 2 3
9. Do usual work – list:	0 1 2 3	0 1 2 3
10. Do usual sport – list:	0 1 2 3	0 1 2 3

Name: _____


Date: _____

Original

Involved Extremity: Left Right Dominant Extremity: Left Right

Please circle the number that best describes your physical ability in the past week

Activities	No Difficulty	Mild Difficulty	Moderate Difficulty	Severe Difficulty	Unable
a. Open a tight or new jar.	1	2	3	4	5
b. Do heavy household chores (e.g. wash walls, floors).	1	2	3	4	5
c. Carry a shopping bag or briefcase.	1	2	3	4	5
d. Wash your back.	1	2	3	4	5
e. Use a knife to cut food.	1	2	3	4	5
f. Recreational activities in which you take some force or impact through your arm, shoulder or hand (e.g., golf, hammering, tennis, etc.).	1	2	3	4	5
	Not at All	Slightly	Moderately	Quite a Bit	Extremely
g. During the past week, to what extent has your arm, shoulder or hand problem interfered with your normal social activities with family, friends, neighbors or groups?	1	2	3	4	5
	Not Limited at All	Slightly Limited	Moderately Limited	Very limited	Unable
h. During the past week, were you limited in your work or other regular daily activities as a result of your arm, shoulder or hand problem?	1	2	3	4	5
	None	Mild	Moderate	Severe	Extreme
i. Arm, shoulder or hand pain.	1	2	3	4	5
j. Tingling (pins and needles) in your arm, shoulder or hand.	1	2	3	4	5
	No Difficulty	Mild Difficulty	Moderate Difficulty	Severe Difficulty	So Much Difficulty That I Can't Sleep
k. During the past week, how much difficulty have you had sleeping because of the pain in your arm, shoulder or hand?	1	2	3	4	5

Over 
Please

Quick DASH

Name: _____

Date: _____

$$\left(\frac{\text{Sum of responses}}{n} \right) - 1 \times 25 =$$

Work Module (Optional)

The following questions are about the impact of your arm, shoulder or hand problem on your ability to work (including home-making if that is your main work role). Please indicate what your job/work is:

I do not work. (You may skip this section.)

Please circle the number that best describes your physical ability in the past week.

	No Difficulty	Mild Difficulty	Moderate Difficulty	Severe Difficulty	Unable
a. Using your usual technique for your work?	1	2	3	4	5
b. Doing your usual work because of arm, shoulder or hand pain?	1	2	3	4	5
c. Doing your work as well as you would like?	1	2	3	4	5
d. Spending your usual amount of time doing your work?	1	2	3	4	5

Sports/Recreational Arts Module (Optional)

The following questions relate to the impact of your arm, shoulder or hand problem on playing your musical instrument or sport or both. If you play more than one sport or instrument (or play both), please answer with respect to that activity which is most important to you.

Please indicate the sport or instrument which is most important to you:

I do not play a sport or an instrument. (You may skip this section.)

Please circle the number that best describes your physical ability in the past week.

	No Difficulty	Mild Difficulty	Moderate Difficulty	Severe Difficulty	Unable
A. Using your usual technique for playing your instrument or sport?	1	2	3	4	5
b. Playing your musical instrument or sport because of arm, shoulder or hand pain?	1	2	3	4	5
c. Playing your musical instrument or sport as well as you would like?	1	2	3	4	5
d. Spending your usual amount of time practicing or playing your instrument or sport?	1	2	3	4	5

Name: _____

Today's Date: ____ / ____ / ____

Please place a mark on the line that best represents your experience during the last week attributable to your shoulder problem. (involved side)

Pain scale

How severe is your pain? Circle the number that best describes your pain where:

0 = no pain

10 = the worst pain imaginable

At its worst?	0	1	2	3	4	5	6	7	8	9	10
When lying on 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

Total pain score _____ / 50 x 100 = _____ %

Disability scale

How much difficulty do you have? Circle the number that best describes your experience where:

0 = no difficulty

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 sweater?	0	1	2	3	4	5	6	7	8	9	10
Putting on a shirt that buttons down 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?	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 disability score: _____ / 80 x 100 = _____ % disability

Total SPADI score: _____ Pain + _____ Disability / 2 = _____ % disability

Williams JW: Measuring Shoulder Function with the Shoulder Pain and Disability Index. J of Rheumatology 1995; 22:4: 727-732

*Pain
Disability* > / 130 x 100

