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Take our Shoulder Pain Assessment

Download and print out this form, then answer these simple, multiple-choice questions to help us better understand your shoulder pain. **Bring these pages with you when you see us for your shoulder pain.**

1. **Which shoulder is causing you discomfort?**

   ☐ Left ☐ Right ☐ Both

2. **What type of pain are you experiencing?** (Check all that apply)

   ☐ Sharp ☐ Aching ☐ Throbbing ☐ Burning ☐ Stiffness

   ☐ Other: _____

3. **How long have you had this pain?**

   ☐ 3 or more years ☐ 1-3 years ☐ 1 year ☐ Started within past 6 months

   ☐ Just started

4. **What caused your shoulder pain?**

   ☐ Injury (e.g., fall, accident, sports) ☐ Overuse ☐ Unknown

   ☐ Other: _____

5. **On a scale of 0 to 10, how severe is your pain?**

   (0 = No pain, 10 = Worst possible pain): _____

6. **Does the pain interfere with your daily activities?**

   ☐ Yes ☐ No

   If yes, which activities are affected? (Check all that apply)

   ☐ Lifting objects

   ☐ Reaching overhead

   ☐ Sleeping

   ☐ Dressing (e.g., putting on a shirt)

   ☐ Other: _____

7. **Have you gone through physical therapy for your shoulder pain?**

   ☐ Yes ☐ No

8. **Do you hear or feel popping, clicking, or grinding in your shoulder?**

   ☐ Yes ☐ No

9. **What treatments have you tried for your shoulder pain?** (Check all that apply)

   ☐ Rest

   ☐ Ice/Heat

   ☐ Over-the-counter medication

   ☐ Physical therapy

   ☐ Cortisone injection

   ☐ Surgery

   ☐ Other: _____

10. **Have these treatments provided relief?**

    ☐ Yes ☐ No

11. **Do you have any of the following symptoms?**

    ☐ Swelling

    ☐ Bruising

    ☐ Numbness or tingling

    ☐ Weakness

    ☐ Other: _____

12. **Have you had any imaging studies (e.g., X-ray, MRI, ultrasound) of your shoulder?**

    ☐ Yes ☐ No

    If yes, where and when? _____