

**FALLS EFFICACY SCALE**

Patient \_\_\_\_\_

Date \_\_\_\_\_

*Please circle the number on how confident you are doing these activities as you feel right now today*

**Take a bath or Shower**

Very Confident: 1 2 3 4 5 6 7 8 9 10: Not Confident at All

**Reach into cabinets or closets**

Very Confident 1 2 3 4 5 6 7 8 9 10: Not Confident at All

**Walk around the house**

Very Confident: 1 2 3 4 5 6 7 8 9 10: Not Confident at All

**Prepare meals not requiring heavy or hot objects**

Very Confident 1 2 3 4 5 6 7 8 9 10: Not Confident at All

**Get in and out of bed**

Very Confident 1 2 3 4 5 6 7 8 9 10: Not Confident at All

**Answer the door or telephone**

Very Confident 1 2 3 4 5 6 7 8 9 10: Not Confident at All

**Get in and out of a chair**

Very Confident 1 2 3 4 5 6 7 8 9 10: Not Confident at All

**Getting dressed and undressed**

Very Confident 1 2 3 4 5 6 7 8 9 10: Not Confident at All

**Personal grooming (i.e. washing you face, brushing/combing hair)**

Very Confident 1 2 3 4 5 6 7 8 9 10: Not Confident at All

**Getting on and off the toilet**

Very Confident 1 2 3 4 5 6 7 8 9 10: Not Confident at All

Shoulder

# PAIN DISABILITY INDEX

NAME \_\_\_\_\_

DATE \_\_\_\_\_

The rating scales below are designed to measure the degree to which aspects of your life are disrupted by chronic pain. In other words, we would like to know how much your pain is preventing you from doing what you would normally do or from doing it as well as you normally would. Respond to each category by indicating the overall impact of pain in your life, not just when pain is at its worst.

For each of the 7 categories of life activity listed, please circle the number on the scale that describes the level of disability you typically experience. *A score of 0 means no disability at all, and a score of 10 signifies that of all of the activities in which you normally be involved have been totally disrupted or prevented by your pain.*

**Family/home responsibilities:** This category refers to activities of the home or family. It includes chores performed around the house and errands or favors for other family members.

No Disability    0    1    2    3    4    5    6    7    8    9    10    Worst Disability

**Recreation:** This category includes hobbies, sports, and other similar leisure time activities.

No Disability    0    1    2    3    4    5    6    7    8    9    10    Worst Disability

**Social Activity:** This category refers to activities that involve participation with friends and acquaintances other than family members. It includes parties, theater, concerts, dining out and other social functions.

No Disability    0    1    2    3    4    5    6    7    8    9    10    Worst Disability

**Occupation:** This category refers to activities that are part of or directly related to one's job. This includes non paying jobs as well, such as housekeeper or volunteer worker.

No Disability    0    1    2    3    4    5    6    7    8    9    10    Worst Disability

**Sexual behavior:** this category refers to the frequency and quality of ones sex life;

No Disability    0    1    2    3    4    5    6    7    8    9    10    Worst Disability

**Self-care:** This category refers to the ability to dress, bathe, groom and preform necessary daily activities.

No Disability    0    1    2    3    4    5    6    7    8    9    10    Worst Disability

**Life Support activity:** This category refers to basic life-supporting behaviors such as eating, sleeping and breathing.

No Disability    0    1    2    3    4    5    6    7    8    9    10    Worst Disability

## SHOULDER PAIN AND DISABILITY INDEX

Patient \_\_\_\_\_

Date \_\_\_\_\_

**Please circle the number that best describes your pain currently**

### ***PAIN SCALE***

How Severe is your pain:

- |                                      |         |   |   |   |   |   |   |   |   |   |   |                          |
|--------------------------------------|---------|---|---|---|---|---|---|---|---|---|---|--------------------------|
| 1) At its worst.                     | No Pain | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 worst pain imaginable |
| 2) When lying on involved side.      | No Pain | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 worst pain imaginable |
| 3) Reaching for object on high shelf | No Pain | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 worst pain imaginable |
| 4) Touching the back of your neck    | No Pain | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 worst pain imaginable |
| 5) Pushing with the involved arm     | No Pain | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 worst pain imaginable |

### ***DISABILITY SCALE***

How much difficulty do you have:

- |   |         |   |   |   |   |   |   |   |   |   |   |                          |
|---|---------|---|---|---|---|---|---|---|---|---|---|--------------------------|
| 1) Washing your hair.                       | No Pain | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 worst pain imaginable |
| 2) Washing your back                        | No Pain | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 worst pain imaginable |
| 3) Purring on pull over shirt/sweater       | No Pain | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 worst pain imaginable |
| 4) Putting on a shirt that buttons          | No Pain | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 worst pain imaginable |
| 5) Putting on your pants                    | No Pain | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 worst pain imaginable |
| 6) Placing object on a high shelf           | No Pain | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 worst pain imaginable |
| 7) Carrying a heavy object of 10 lbs        | No Pain | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 worst pain imaginable |
| 8) Removing something from your back pocket | No Pain | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 worst pain imaginable |