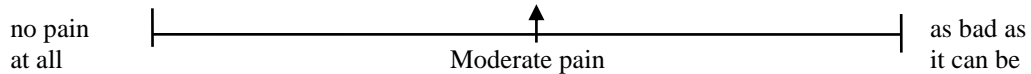


## American Shoulder and Elbow Surgeons Patient Assessment Form

Date: \_\_\_\_\_

### 1. VAS

How bad is your pain **today**?



### 2. ADL

Circle the number in the box that indicates your ability to do the following activities (**with your affected shoulder**):

0 = UNABLE to do; 1 = VERY difficult; 2 = SOMEWHAT difficult; 3 = NOT difficult

ACTIVITY	Affected Arm
1. Put on a coat	0 1 2 3
2. Sleep on your painful or affected side	0 1 2 3
3. Wash back / do up bra in the back	0 1 2 3
4. Manage toileting	0 1 2 3
5. Comb hair	0 1 2 3
6. Reach a high shelf	0 1 2 3
7. Lift 10 lbs. above shoulder	0 1 2 3
8. Throw a ball	0 1 2 3
9. Do usual work -List:	0 1 2 3
10. Do usual sport -List:	0 1 2 3

**Do not write in this area.**

Score: 10 - vas \_\_\_\_\_ = \_\_\_\_\_ (a)

(a) x 5 = \_\_\_\_\_ (b)

5/3 x ADL \_\_\_\_\_ = \_\_\_\_\_ (c)

Total = (b) \_\_\_\_\_ + (c) \_\_\_\_\_ = \_\_\_\_\_ /100