CHARLES B. GOODWIN, MD SHOULDER QUESTIONNAIRE

PATIENT NAME:

NORMAL

SHO	ULDER EVALUATED:	RIGHT	LEFT		
	I AM:	RIGHT-HANDED	LEFT-HANDED		
PLEASE CIRCLE YES OR NO FOR EACH QUESTION:					
1. Is	1. Is your shoulder comfortable with your arm at rest by your side?			YES	NO
2. D	Does your shoulder allow you to sleep comfortably?			YES	NO
3. Ca	. Can you reach the small of your back to tuck in your shirt with your hand?			YES	NO
	4. Can you place your hand behind your head with the elbow straight out to the side?				NO
	Can you place a coin on a shelf at the level of your shoulder without bending your elbow?			YES	NO
	Can you lift one pound (a full pint container) to the level of your shoulder without bending your elbow?			YES	NO
	Can you lift eight pounds (a full gallon container) to the level of your shoulder without bending your elbow?			YES	NO
8. C	Can you carry twenty pounds at your side with the affected extremity?			YES	NO
	. Do you think you can toss a softball under-hand twenty yards with the affected extremity?			YES	NO
10. Do you think you can toss a softball over-hand twenty yards with the affected extremity?				YES	NO
11. Can you wash the back of your opposite shoulder with the affected extremity?			YES	NO	
12. W	Vould your shoulder allow you	to work full-time at yo	ur regular job?	YES	NO
SHOULDER EVALUATION SCALE					
Please place on the line to indicate your response.					
SHOULDER PAIN					
NON	E	UNBEARAB	LE		
OVER-ALL ASSESSMENT OF SHOULDER FUNCTION					

WORST