

## The Shoulder Functional Status 10-Item Short Form

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The following assessment will ask you about difficulties you may have with certain activities. It's an important part of your evaluation. It will help us:

- understand how your condition is affecting your activities, and
- develop treatment goals with you.

Please answer the questions with respect to the problem for which we are seeing you. Respond based on how you have been over the past few days.

How much difficulty do you or would you have using your affected arm to	I can't do this	Much difficulty	Some difficulty	Little difficulty	No difficulty
1. carry a shopping bag or briefcase?	0	0	0	0	.0
2. push open a heavy door?	0	0	0	0	0
3. reach an overhead shelf?	0	. 0	0	0	0
4. lower a lightweight object (1-5 lb) from the top shelf of a closet?	0	0	0	0	0
5. carry a heavy object (over 10 lbs)?	0	0	0	0	0
6. pull a medium weight object (5-10 lbs) from under a bed?	0	0	0		0
7. do heavy household chores (e.g., washing walls, washing floors)?	0	0	0	0	0
8. move a heavy skillet (e.g., cast iron skillet) from one stove burner to another?	0	0	0	0	0
9. place a can of soup (1 lb) on a shelf overhead?	0	0	0	0	0
How much difficulty do you or would you have					
10. adjusting the back of your collar with your affected hand?	0	0	0	0	O,