

SHOULDER PAIN AND DISABILITY INDEX (SPADI)

Patient Name: _____ Date: _____

Please indicate which of the following things you have difficulty in doing because of your symptoms. Circle the number that indicates how much difficulty you have with each activity.

PAIN SCALE

<i>How severe is your pain:</i>	<u>No Problem</u>										<u>Major Problem</u>											
1. at its worst?	0	1	2	3	4	5	6	7	8	9	10	0	1	2	3	4	5	6	7	8	9	10
2. when lying on the involved side?	0	1	2	3	4	5	6	7	8	9	10	0	1	2	3	4	5	6	7	8	9	10
3. reaching for something on a high shelf?	0	1	2	3	4	5	6	7	8	9	10	0	1	2	3	4	5	6	7	8	9	10
4. touching the back of your neck?	0	1	2	3	4	5	6	7	8	9	10	0	1	2	3	4	5	6	7	8	9	10
5. pushing with the involved arm?	0	1	2	3	4	5	6	7	8	9	10	0	1	2	3	4	5	6	7	8	9	10

DISABILITY SCALE

<i>How much difficulty do you have:</i>	<u>No Problem</u>										<u>Major Problem</u>											
1. washing you hair?	0	1	2	3	4	5	6	7	8	9	10	0	1	2	3	4	5	6	7	8	9	10
2. washing your back?	0	1	2	3	4	5	6	7	8	9	10	0	1	2	3	4	5	6	7	8	9	10
3. putting on an undershirt or pullover sweater?	0	1	2	3	4	5	6	7	8	9	10	0	1	2	3	4	5	6	7	8	9	10
4. putting on a shirt with buttons down the front?	0	1	2	3	4	5	6	7	8	9	10	0	1	2	3	4	5	6	7	8	9	10
5. putting on your pants?	0	1	2	3	4	5	6	7	8	9	10	0	1	2	3	4	5	6	7	8	9	10
6. placing an object on a high shelf?	0	1	2	3	4	5	6	7	8	9	10	0	1	2	3	4	5	6	7	8	9	10
7. carrying a heavy object over 10 pounds?	0	1	2	3	4	5	6	7	8	9	10	0	1	2	3	4	5	6	7	8	9	10
8. removing something from your back pocket?	0	1	2	3	4	5	6	7	8	9	10	0	1	2	3	4	5	6	7	8	9	10

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