

Justin Khoriaty, M.D.
Shoulder Outcomes Questionnaire

Date of Visit: _____

Date of Birth: _____

Gender: Male Female

Shoulder being assessed: Left Right

Hand Dominance: Left Right

Visit status:
Pre-op: <input type="radio"/>
Yearly follow up <input type="radio"/>
How many years? _____
For office use only –
patient number:

Have you had prior surgery to the affected shoulder: Yes No

If Yes, please indicate what type of shoulder surgery

- Arthroplasty – Total – Details: _____
- Arthroplasty – Hemi – Details: _____
- Rotator cuff repair – Details: _____
- ORIF/Osteosynthesis post fracture – Details: _____
- Humeral nail for fracture – Details: _____
- Acromioplasty – Details: _____
- Instability surgery – Details: _____
- Distal clavicle resection: - Details: _____
- Tenodesis/ Tenotomy (long head of biceps) – Details: _____
- Debridement – Details: _____
- Other – Details: _____

General Information:

Weight: _____ Kg Lbs

Height: _____ Cm In

Tobacco Use:

- None
- Former smoker
- Current smoker
- Unknown

Pain Management:

Do you take narcotic pain medication (codeine or stronger) for your shoulder?

Yes No

Justin Khoriaty, M.D.
Shoulder Outcomes Questionnaire

Health Status: (Please check all that apply to you)

- Arthritis (Rheumatoid or osteoarthritis)
- Osteoporosis
- Asthma
- Chronic obstructive pulmonary disease (COPD), acute respiratory distress syndrome or emphysema
- Angina
- Congestive heart failure
- Heart attack (myocardial infarction)
- Neurological disease (e.g., MS or Parkinson's disease)
- Stroke or transient ischemic attack (TIA)
- Peripheral vascular disease
- Diabetes types I or II
- Upper gastrointestinal disease (e.g., ulcer, hernia, reflux)
- Depression
- Anxiety or panic disorders
- Visual impairment (e.g., cataracts, glaucoma, macular degeneration)
- Hearing impairment (e.g., hard of hearing, with hearing aids)
- Degenerative disc disease (e.g., back disease, spinal stenosis or sever chronic back pain)
- Bleeding disorder
- Chronic infection (e.g., MRSA, HIV, Hepatitis)
- Metal allergy – Type of metal: _____

Treatment Coverage – How is your treatment being paid? (check all that apply)

- Medicare
- Medicaid
- Other Government Insurance
- Private insurance
- Self pay / no insurance
- Worker's compensation

Constant Score / pain

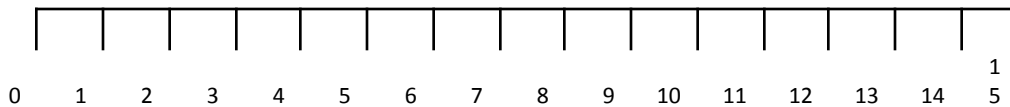
Do you have pain in your shoulder (normal activities)?

- None (15) Mild (10) Moderate (5) Severe or permanent (0)

If "0" means no pain and "15" is the maximum pain you can experience, please indicate on the scale the level of pain in your shoulder.

No Pain

Maximum Pain



Justin Khoriaty, M.D.
Shoulder Outcomes Questionnaire

Constant Score / Activities of daily living:

Is your sleep disturbed by your shoulder?

- No (2)
- Sometimes (1)
- No (0)

Is your occupation or daily living limited by your shoulder?

- No (4)
- Mild (3)
- Moderate (2)
- Significant (1)
- Severe (0)

Are your leisure and recreational activities limited by your shoulder?

- No (4)
- Mild (3)
- Moderate (2)
- Significant (1)
- Severe (0)

To which level can you use your arm for painless reasonable activities (check the Highest level achievable)

- Below waist (0)
- Waist (2)
- Chest (4)
- Neck (6)
- Head (8)
- Above head (10)

Patient Satisfaction

How satisfied are you with your shoulder?

- Very satisfied
- Satisfied
- Dissatisfied
- Very dissatisfied

How would you rate your shoulder today as a percentage of normal? _____

(0 to 100% scale with 100% being normal)

ASES score

ASES score / Pain

How bad is your pain today? (Indicate by marking the scale)

No pain

pain as bad as it can be

0	1	2	3	4	5	6	7	8	9	10

Justin Khoriaty, M.D. Shoulder Outcomes Questionnaire

ASES Score / Pain

Select a response that indicates your ability to do the activities listed below (with the shoulder being assessed).

Activity: (check one box for each activity)	Unable to do	Very Difficult to do	Somewhat difficult to do	Not difficult
Comb Hair				
Do usual sport				
Do usual work				
Lift 10 pounds (4.5 kg) above shoulder				
Manage toileting				
Put on a coat				
Reach a high shelf				
Sleep on your side				
Throw a ball overhead				
Wash back or fasten bra in back				

Quality of Life score (EQ-5D)

Under each heading, please check the ONE box that best describes your health TODAY

Mobility:

- I have no problems walking
- I have slight problems walking
- I have moderate problems walking
- I have severe problems walking
- I am unable to walk

Self-care

- I have no problems washing or dressing myself
- I have slight problems washing or dressing myself
- I have moderate problems washing or dressing myself
- I have severe problems washing or dressing myself
- I am unable to wash or dress myself

Usual Activities (e.g., work, study, housework, family or leisure activities)

- I have no problems doing my usual activities
- I have slight problems doing my usual activities
- I have moderate problems doing my usual activities
- I have severe problems doing my usual activities
- I am unable to do my usual activities

Pain/Discomfort

- I have no pain or discomfort
- I have slight pain or discomfort
- I have moderate pain or discomfort
- I have severe pain or discomfort
- I have extreme pain or discomfort

Anxiety / Depression

- I am not anxious or depressed
- I am slightly anxious or depressed
- I am moderately anxious or depressed
- I am severely anxious or depressed
- I am extremely anxious or depressed

Justin Khoriaty, M.D.
Shoulder Outcomes Questionnaire

Finally, we would like to know how good or bad your health is TODAY.

This scale is numbered 0 to 100:

100 means the best health you can imagine.

0 means the worst health you can imagine.

Mark an X on the scale to indicate how your health is TODAY.

Now, please write the number you marked on the scale in the box below.

My health today:

The worst health
You can imagine

The best health
you can imagine

