Modified ASES Questionnaire

	3	2	1	0	(SCORE)(1.66)+((10-PAIN)x5
	Yes, no trouble	Slight trouble	Moderate trouble	No, I can't	
Can you throw a ball overhand?	☐	☐	☐	☐	
Can you sleep on your shoulder comfortably?	☐	☐	☐	☐	
Can you put on your coat unassisted?	☐	☐	☐	☐	
Can you wash your back/fasten your bra?	☐	☐	☐	☐	
Can you use toilet tissue?	☐	☐	☐	☐	
Can you comb/wash your hair?	☐	☐	☐	☐	
Can you lift ten pounds (a full gallon container) above the level of your shoulders?	☐	☐	☐	☐	
Can you reach a shelf over your head?	☐	☐	☐	☐	
Does your shoulder allow you to work full time at your regular job (or regular activities if you are not working)?	☐	☐	☐	☐	
Does your shoulder allow you to do your regular sports?	☐	☐	☐	☐	☐ I don't play sports

On Average, How much shoulder pain have you experienced in the last weeks?

No Pain ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ Extreme Pain

(SCORE)(1.66)+((10-PAIN)x5)