

To reproduce, follow the printing instructions.

Fold only on the dotted lines.

Oxford Shoulder

Please answer every question

Compatible Note forms:

Oxford Shoulder Score – LEFT HIP

Oxford Shoulder Score – RIGHT HIP

PLEASE PRINT PATIENT'S LAST NAME

Grid for patient's last name

Marking Instructions

Please use a #2 pencil.
Fill in the complete oval as shown...



PATIENT'S FIRST NAME

Grid for patient's first name

MIDDLE INITIAL

Grid for middle initial

PATIENT'S DATE OF BIRTH

Grid for patient's date of birth

Month Day Year

On which side of your body is the affected shoulder for which you are receiving treatment? (please choose one)

- Left Right

If BOTH shoulders are affected, please complete the first questionnaire thinking about the right side. You will then fill out a second questionnaire for the left side.

During the past 4 weeks...

How would you describe the worst pain you had from your shoulder?

- None Moderate Unbearable
Mild Severe

please fold on dotted line

Have you had any trouble dressing yourself because of your shoulder?

- No trouble at all Moderate trouble Impossible to do
Little trouble Extreme difficulty

Have you had any trouble getting in and out of a car or using public transport because of your shoulder?

- No trouble at all Moderate trouble Impossible to do
Very little trouble Extreme difficulty

Have you been able to use a knife and fork at the same time?

- Yes, easily With moderate difficulty No, impossible
With little difficulty With extreme difficulty

Could you do the household shopping on your own?

- Yes, easily With moderate difficulty No, impossible
With little difficulty With extreme difficulty

Could you carry a tray containing a plate of food across a room?

- Yes, easily With moderate difficulty No, impossible
With little difficulty With extreme difficulty

Could you brush/comb your hair with the affected arm?

- Yes, easily With moderate difficulty No, impossible
With little difficulty With extreme difficulty

How would you describe the pain you usually had from your shoulder?

- None Mild Severe
Very mild Moderate

please fold on dotted line

Could you hang your clothes up in a wardrobe, using the affected arm? (whichever you tend to use)

- Yes, easily With moderate difficulty No, impossible
With little difficulty With great difficulty

Have you been able to wash and dry yourself under both arms?

- Yes, easily With moderate difficulty No, impossible
With little difficulty With extreme difficulty

How much has pain from your shoulder interfered with your usual work (including housework)?

- Not at all Moderately Totally
A little bit Greatly

Have you been troubled by pain from your shoulder in bed at night?

- No nights Some nights Every night
Only 1 or 2 nights Most nights

Finally, please check back that you have answered each question.

Thank you very much.