Name:_____

Date: _____

The Shoulder Functional Status 10-Item Short Form

(©Focus on Therapeutic Outcomes, Inc.)

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?	○	○	○	○	○
2. push open a heavy door?	○	○	○	○	○
3. reach an overhead shelf?	○	○	○	○	○
4. lower a lightweight object (1-5 lb) from the top shelf of a closet?	○	○	○	○	○
5. carry a heavy object (over 10 lbs)?	○	○	○	○	○
6. pull a medium weight object (5-10 lbs) from under a bed?	○	○	○	○	○
7. do heavy household chores (e.g., washing walls, washing floors)?	○	○	○	○	○
8. move a heavy skillet (e.g., cast iron skillet) from one stove burner to another?	○	○	○	○	○
9. place a can of soup (1 lb) on a shelf overhead?	○	○	○	○	○
How much difficulty do you or would you have					
10. adjusting the back of your collar with your affected hand?	○	○	○	○	○

Total Score: _____

FS Score:_____

Alpine Physical Therapy™

The Patient Health Questionnaire (PHQ-9)

Patient Name _____ Date of Visit _____

Over the past 2 weeks, how often have you been bothered by any of the following problems?	Not At all	Several Days	More Than Half the Days	Nearly Every Day
1. Little interest or pleasure in doing things	0	1	2	3
2. Feeling down, depressed or hopeless	0	1	2	3
3. Trouble falling asleep, staying asleep, or sleeping too much	0	1	2	3
4. Feeling tired or having little energy	0	1	2	3
5. Poor appetite or overeating	0	1	2	3
6. Feeling bad about yourself - or that you're a failure or have let yourself or your family down	0	1	2	3
7. Trouble concentrating on things, such as reading the newspaper or watching television	0	1	2	3
8. Moving or speaking so slowly that other people could have noticed. Or, the opposite - being so fidgety or restless that you have been moving around a lot more than usual	0	1	2	3
9. Thoughts that you would be better off dead or of hurting yourself in some way	0	1	2	3

Column Totals _____ + _____ + _____

Add Totals Together _____

10. If you checked off any problems, how difficult have those problems made it for you to Do your work, take care of things at home, or get along with other people?

☐ Not difficult at all ☐ Somewhat difficult ☐ Very difficult ☐ Extremely difficult