



SHOULDER PAIN AND DISABILITY INDEX (SPADI)

Date: _____

Pain Scale: How severe is your pain? 0 = no pain 10 = worst pain imaginable	
1. At its worst?	
2. When lying on the involved side?	
3. Reaching for something on a high shelf?	
4. Touching the back of your neck?	
5. Pushing with the involved arm?	
Disability Scale: How much difficulty do you have? 0 = no difficulty 10 = so difficult if required help	
1. Washing your hair?	
2. Washing your back?	
3. Putting on undershirt or pullover sweater?	
4. Putting on a shirt that buttons down the front?	
5. Putting on your pants?	
6. Placing an object on a high shelf?	
7. Carrying a heavy object of 10 pounds?	
8. Removing something from your back pocket?	

Scoring:	
Total score for Pain Scale	
Total score for Disability Scale	
Total SPADI score (Pain + Disability scores)	