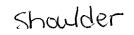
## **FALLS EFFICACY SCALE**

Date\_\_\_\_

Please circle t	he nu	ımbe	r on h	ow co	onfide	nt you	u are d	doing	these	activities as you feel right now today
Take a bath or S	Shower	r								
Very Confident:	1	2	3	4	5	6	7	8	9	10: Not Confident at All
Reach into cabir	nets or	close	ts							
Very Confident	1	2	3	4	5	6	7	8	9	10: Not Confident at All
Walk around the	e hous	e								
Very Confident:	1	2	3	4	5	6	7	8	9	10: Not Confident at All
Prepare meals n	ot req	uiring	g heavy	or ho	t objec	ts				
Very Confident	1	2	3	4	5	6	7	8	9	10: Not Confident at All
Get in and out o	f bed									
Very Confident	1	2	3	4	5	6	7	8	9	10: Not Confident at All
Answer the door	or tele	phone	:							
Very Confident	1	2	3	4	5	6	7	8	9	10: Not Confident at All
Get in and out o	f a cha	air								
Very Confident	· 1	2	3	4	5	6	7	8	9	10: Not Confident at All
Getting dressed	and u	ndres	sed							
Very Confident	1	2	3	4	5	6	7	8	9	10: Not Confident at All
Personal groomi	ing (i.e	. was	hing yo	u face	, brusi	ning/co	mbing	hair)		
Very Confident	1	2	3	4	5	6	7	8	9	10: Not Confident at All
Getting on and o	off the	toilet								
Very Confident	1	2	3	4	5	6	7	8	9	10: Not Confident at All

Patient\_\_\_\_



# PAIN DISABILITY INDEX

NAME						DATE										
other words, we	would l well as	ike to k you no	now hormally	ow much	ı your p	oain is p	reventi	ng you	from do	oing wh	at you w	ted by chronic pain. In rould normally do or apact of pain in your				
For each of the 7 disability you type the activities in v	oically e	experie	nce. A	score of	0 mear	ns no di	sability	at all,	and a s	core of	10 signi	fies that of all of				
Family/home rearound the house	sponsi and en	<i>bilities</i> rands o	: This	category for other	refers er fami	to activi	ities of ers.	the hor	ne or fa	mily. It	includes	chores performed				
No Disability	0	1	2	3	4	5	6	7	8	9	10	Worst Disability				
Recreation: This category includes hobbies, sports, and other similar leisure time activities.																
No Disability	0	1	2	3	4	5	6	7	8	9	10	Worst Disability				
Social Activity: family members.	This ca It incl	tegory : udes pa	refers to	o activiti neater, co	ies that	involve , dining	partici out and	pation s	with fric	ends an unctions	d acquains.	ntances other than				
No Disability	0	1	2	3	4	5	6	7	8	9	10	Worst Disability				
Occupation: The paying jobs as we	is categ ell, sucl	ory refe n as hou	ers to a	ctivities er or vo	that are lunteer	e part of worker.	or dire	ctly rela	ated to	one's jo	b. This i	ncludes non				
No Disability	0	1	2	3	4	5	6	7	8	9	10	Worst Disability				
Sexual behavior	r: this	categor	y refers	to the fi	requenc	cy and q	uality o	of ones	sex life	;						
No Disability	0	1	2	3	4	5	6	7	8	9	10	Worst Disability				
Self-care: This o	ategory	refers	to the a	ability to	dress,	bathe, g	room a	nd pref	orm ne	cessary	daily act	tivities.				
No Disability	0	1	2	3	4	5	6	7	8	9	10	Worst Disability				
Life Support ac	tivity:	This ca	tegory	refers to	basic l	ife-supp	orting l	behavio	rs such	as eati	ng, sleep	ing and breathing.				
No Disability	0	1	2	3	4	5	6	7	8	9	10	Worst Disability				

### SHOULDER PAIN AND DISABILITY INDEX

Patient	Date

## Please circle the number that best describes your pain currently

### PAIN SCALE

PAIN SCALE												
How Severe is your pain:												
1) At its worst.	No Pain	0	1	2	3	4	5	6	7	8	9	10 worst pain imaginable
2) When lying on involved side.	No Pain	0	1	2	3	4	5	6	7	8	9	10 worst pain imaginable
3) Reaching for object on high shelf	No Pain	0	1	2	3	4	5	6	7	8	9	10 worst pain imaginable
4) Touching the back of your neck	No Pain	0	1	2	3	4	5	6	7	8	9	10 worst pain imaginable
5) Pushing with the involved arm	No Pain	0	1	2	3	4	5	6	7	8	9	10 worst pain imaginable
DISARILITY SCALE												

#### **DISABILITY SCALE**

How much difficulty do you have:												
1) Washing your hair.	No Pain	0	1	2	3	4	5	6	7	8	9	10 worst pain imaginable
2) Washing your back	No Pain	0	1	2	3	4	5	6	7	8	9	10 worst pain imaginable
3) Purring on pull over shirt/sweater	No Pain	0	1	2	3	4	5	6	7	8	9	10 worst pain imaginable
4) Putting on a shirt that buttons	No Pain	0	1	2	3	4	5	6	7	8	9	10 worst pain imaginable
5) Putting on your pants	No Pain	0	1	2	3	4	5	6	7	8	9	10 worst pain imaginable
6) Placing object on a high shelf	No Pain	0	1	2	3	4	5	6	7	8	9	10 worst pain imaginable
7) Carrying a heavy object of 10 lbs	No Pain	0	1	2	3	4	5	6	7	8	9	10 worst pain imaginable
8) Removing something from your back pocket	No Pain	0	1	2	3	4	5	6	7	8	9	10 worst pain imaginable