

## Oxford Shoulder Score

1. How would you describe the worst pain you had from your shoulder? Unbearable Severe Moderate Mild No 2. How would you describe the pain you usually get from your shoulder? Unbearable Severe Moderate Mild None 3. How much has the pain form your shoulder interfered with your usual work (including housework)? Totally Greatly Moderately A little bit Not at all 4. Have you been troubled by pain in your shoulder in bed at night? Every night Most nights Some nights only 1 or 2 No nights 5. Have you had ant trouble dressing yourself because of your shoulder? Impossible to do **Extreme difficulty** moderate trouble No trouble at all Very little trouble 6. Have you had any trouble getting in and out of a car or using public transport because of your shoulder? (Whichever you tend to use) Impossible to do **Extreme difficulty** moderate trouble No trouble at all Very little trouble 7. Have you been able to user a knife and fork at the same time? No. Impossible With extreme difficulty With moderate With little difficulty difficulty Yes, easily 8. Could you do the household shopping on your own? With moderate No. Impossible With extreme difficulty difficulty With little difficulty Yes, easily

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

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

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

No. Impossible With extreme difficulty With moderate difficulty With little difficulty Yes, easily

11. Could you hang your clothes up in a wardrobe, using the affected arm?

No. Impossible With extreme difficulty With moderate difficulty With little difficulty Yes, easily

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

No. Impossible With extreme difficulty with moderate difficulty With little difficulty Yes, easily