

## OXFORD SHOULDER SCORE

**Name:**

**Date:**

### During the past four weeks

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

- ☐ None
- ☐ Mild
- ☐ Moderate
- ☐ Severe
- ☐ Unbearable

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

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

**3) 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)**

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

**4) Have you been able to use a knife and fork – at the same time?**

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

**5) Could you do the household shopping on your own?**

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

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

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

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

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

**8) How would you describe the pain you usually have from your shoulder?**

- ☐ None
- ☐ Very mild
- ☐ Mild
- ☐ Moderate
- ☐ Severe

**9) Could you hang your clothes up in a wardrobe, using the affected arm?**

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

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

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

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

- ☐ Not at all
- ☐ A little bit
- ☐ Moderately
- ☐ Greatly
- ☐ Totally

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

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

**Score:        /48**