# orthotoolkit\*

Score (ASES)			
Patient Name:	Dominant Hand: R L Both (Circle One) Affected Shoulder: R L (Circle One)		
Date:			
Pain Questionnaire	Activities of Daily Living Questionna	ire	
1. Usual Work	8. Is it difficult for you to put on a coat?		
	Unable to do	+0	
	Very difficult to do	+1	
	Somewhat difficult	+2	
2. Usual Sport/Leisure Activity	Not difficult	+3	
	9. Is it difficult for you to sleep on the a	ffected	
	side?	110000	
3. Do you have shoulder pain at night (circle	Unable to do	+0	
one)?	Very difficult to do	+1	
	Somewhat difficult	+2	
Yes No	Not difficult	+3	
4. Do you take pain killers such as	10. Is it difficult for you to wash your ba	ack/do	
paracetamol (acetaminophen), diclofenac, or	up bra?	,	
ibuprofen (circle one)?	Unable to do	+0	
	Very difficult to do	+1	
Yes No	Somewhat difficult	+2	
	Not difficult	+3	
5. Do you take strong pain killers such as			
codeine, tramadol, or morphine (circle one)?	11. Is it difficult for you to manage toile	eting?	
Voc. No.	Unable to do	+0	
Yes No	Very difficult to do	+1	
6 Hayy many pills do you take on an ayarage	Somewhat difficult	+2	
6. How many pills do you take on an average day?	Not difficult	+3	
uay:			
	12. Is it difficult for you to comb your h	air?	
	Unable to do	+0	
7. Intensity of pain (circle one)?	Very difficult to do	+1	
7. Intensity of pain (of the offe).	Somewhat difficult	+2	
0 1 2 3 4 5 6 7 8 9 10	Not difficult	+3	
No pain Pain as bad		•	
at all as it can be	13. Is it difficult for you to reach a high	shelf?	
	Unable to do	+0	
	Very difficult to do	+1	
	Somewhat difficult	+2	

Not difficult

+3

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# 14. Is it difficult for you lift 10lbs. (4.5kg) above your shoulder?

Unable to do	+0
☐ Very difficult to do	+1
☐ Somewhat difficult	+2
□ Not difficult	+3

### 15. Is it difficult for you to throw a ball overhand?

Unable to do	+0
☐ Very difficult to do	+1
☐ Somewhat difficult	+2
☐ Not difficult	+3

#### 16. Is it difficult for you to do your usual work?

Unable to do	+0
☐ Very difficult to do	+1
☐ Somewhat difficult	+2
☐ Not difficult	+3

## 17. Is it difficult for you to do your usual sport/leisure activity?

Unable to do	+0
☐ Very difficult to do	+1
☐ Somewhat difficult	+2
☐ Not difficult	+3

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#### **Scoring Guide:**

Pain Questionnaire:

Question 7 Value: \_\_\_\_\_ Points

Pain Score: 5 × (10 - Question 7 Value)

Pain Score: \_\_\_\_\_ Points

Activities of Daily Living (ADL) Questionnaire:

ADL Raw Score: Summation of points

ADL Raw Score: \_\_\_\_\_ Points

ADL Score:  $\frac{5 \times (raw \ score)}{3}$ 

ADL Score: \_\_\_\_\_ Points

Final ASES Score:

Final Score: Pain Score + ADL Score

Final score: \_\_\_\_\_ Points

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