

## Dear patients

We would like to ask you to evaluate your state of health in this questionnaire. Your information on your condition before and after the operation will help us to continuously improve the quality of our treatment. Participation is voluntary. You do not have to justify your decision to participate and you can cancel your participation at any time.

If you provide your contact details, you authorise us to save them and send you a second questionnaire after the operation.

How may we contact you?

email

SMS

letter

## To be completed by the clinic

Patient label / Patient ID

Treatment in the following joint

In the case of simultaneous surgery on both sides (bilateral surgery), please complete two forms.

Left shoulder

Right shoulder

Questioning before or after the operation

before

after

filled out on (DD/MM/YYYY)

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Surgery date (DD/MM/YYYY)

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Surgery date not yet known

**Problems with your shoulder** Tick one box for every question (x).

### 1. During the past 4 weeks ...

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

None	Mild	Moderate	Severe	Unbearable
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

### 2. During the past 4 weeks ...

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

No trouble at all	A little bit of trouble	Moderate trouble	Extreme difficulty	Impossible to do
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

### 3. During the past 4 weeks ...

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	A little bit of trouble	Moderate trouble	Extreme difficulty	Impossible to do
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

### 4. During the past 4 weeks ...

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
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

### 5. During the past 4 weeks ...

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

Yes, easily	With little difficulty	With moderate difficulty	With extreme difficulty	No, impossible
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**6. During the past 4 weeks ...**

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
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**7. During the past 4 weeks ...**

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

Yes, easily	With little difficulty	With moderate difficulty	With extreme difficulty	No, impossible
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**8. During the past 4 weeks ...**

How would you describe the pain you usually had from your shoulder?

None	Very mild	Mild	Moderate	Severe
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**9. During the past 4 weeks ...**

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
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**10. During the past 4 weeks ...**

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

Yes, easily	With little difficulty	With moderate difficulty	With extreme difficulty	No, impossible
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**11. During the past 4 weeks ...**

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

Not at all	A little bit	Moderately	Greatly	Totally
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**12. During the past 4 weeks ...**

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

Non, aucune nuit	Seulement 1 ou 2 nuits	Quelques nuits	La plupart des nuits	Toutes les nuits
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**Finally, please make sure that you have answered all the questions.  
Thank you very much.**