All Patients



Record ID			
General Questions			
Is the injury on your dominant side?	Yes No		
How many times have you dislocated your shoulder?	○ Never○ Once○ 2-5 times○ 6-10 times○ More than 10 times		
Please indicate your smoking status	 Never smoked (less than 100 cigarettes in lifetime) Ex-smoker (at least 100 cigarettes in lifetime) Irregular smoker (less than weekly) Weekly smoker (every week but not everyday) Daily (everyday) (including significant smoking history) 		
What is your occupation?			
	(If you are retired, please write "retired")		
What was your previous (pre-injury) level of work?	Not workingLightModerateStrenuous		
What is your current level of work?	NoneLightModerateStrenuous		
If applicable, what is your main sport?			
	(ie Rugby/Cricket/Basketball/Swimming etc.)		
If applicable, what level of competition do you play at in your main sport?	 ○ Hobby ○ Club ○ Semi-Professional (State for Under 18s) ○ Professional Athlete (Nationals for Under 18s) 		
If applicable, what is your current level of sports participation (compared to normal)?	 None Conditioning (cardio/gym, but not training in your sport) Partial Return to Sport (training in your sport, but not return to competition) Full Return to Sport 		





Clinical Coarse (Datient Dates	l Outsoms Mas				
Clinical Scores (Patient-Rated	d Outcome Mea	sures)			
VAS Pain (All Patients) How painful is your shoulder/elbow ((Note: 0 = no pain, 10 = worst possi		ed) on a scale of 0-10?			
○ 0 (No Pain at All) ○ 1 ○ 2	○3 ○4 ○5	○6 ○7 ○8	○ 9 ○ 10 (Worst F	Pain Possible)	
VAS Stiffness (All Patients) How stiff is your shoulder/elbow (wh (Note: 0 = no pain, 10 = worst possi		on a scale of 0-10?			
\bigcirc 0 (No Stifness at All) \bigcirc 1 \bigcirc Possible)	2 (3 (4 (5 06 07 0	8	rst Stiffness	
SSV (All Patients) How would you rate your affected sh (whichever is injured) today versus					
normal, on a scale from 0%-100%?	e ie mas	Not normal a		Normal	
			(Place a mark or		
American Shoulder & Elbow S					
Is it difficult for you to put on a coat?	Unable to do	Very difficult to do	Somewhat difficult	Not difficult	
Is it difficult for you to sleep on the affected side?	\circ	0	0	0	
Is it difficult for you to wash your back/do up bra?	0	0	0	0	
Is it difficult for you manage toiletting?	0	0	0	0	
Is it difficult for you to comb your hair?	0	0	0	0	
Is it difficult for you to reach a high shelf?	0	0	0	0	
Is it difficult for you to lift 10lbs. (4.5kg) above your shoulder?	0	0	0	0	
Is it difficult for you to throw a ball overhand?	0	0	0	0	
Is it difficult for you to do your usual work?	0	0	0	0	
Is it difficult for you to do your	0	\circ	\circ	\circ	





Brief Resilience Scale					
	Strongly disagree	Disagree	Neutral	Agree	Strongly agree
I tend to bounce back quickly after hard times	0	0	0	0	0
I have a hard time making it through stressful events	0	0	0	0	0
It does not take me long to recover from a stressful event	0	0	0	0	0
It is hard for me to snap back when something bad happens	0	0	0	0	0
I usually come through difficult times with little trouble	0	0	0	0	0
I tend to take a long time to get over set backs in my life.	0	0	0	0	0



