

How much has your shoulder limited the amount you can participate in sports or recreational activities?

no limitation extreme limitation

 (Place a mark on the scale above)

How much has your shoulder affected your ability to perform the specific skills required for your sport or work? (If your shoulder affects both sports and work, consider the area that is most affected.)

not affected extremely affected

 (Place a mark on the scale above)

How much do you feel the need to protect your arm during activities?

not at all extreme

 (Place a mark on the scale above)

How much difficulty do you experience lifting heavy objects below shoulder level

no difficulty extreme difficulty

 (Place a mark on the scale above)

How much fear do you have of falling on your shoulder?

no fear extreme fear

 (Place a mark on the scale above)

How much difficulty do you experience maintaining your desired level of fitness

no difficulty extreme difficulty

 (Place a mark on the scale above)

How much difficulty do you have "roughhousing" or "horsing around" with family or friends

no difficulty extreme difficulty

 (Place a mark on the scale above)

How much difficulty do you have sleeping because of your shoulder

no difficulty extreme difficulty

 (Place a mark on the scale above)

How conscious are you of your shoulder

not conscious extremely conscious

 (Place a mark on the scale above)

How concerned are you about your shoulder becoming worse

no concern extreme concern

 (Place a mark on the scale above)

How much frustration do you feel because of your shoulder

no frustration extreme frustration

 (Place a mark on the scale above)

WOSI Score Total (Calculated)

