

Oxford Shoulder Score



because results matter...

Name:	DOB:	Today's Date:
Affected shoulder: LEFT / RIGHT (if both please complete separate score for each)		

During the past 4 weeks....						
1. How would you describe the worst pain you had from your shoulder?	<i>None</i>	<i>Mild</i>	<i>Moderate</i>	<i>Severe</i>	<i>Unbearable</i>	
2. Have you had any trouble dressing yourself because of your shoulder?	<i>No trouble at all</i>	<i>Little trouble</i>	<i>Moderate trouble</i>	<i>Extreme difficulty</i>	<i>Impossible to do</i>	
3. Have you had any trouble getting in and out of a car or public transport because of your shoulder?	<i>No trouble at all</i>	<i>Little trouble</i>	<i>Moderate trouble</i>	<i>Extreme difficulty</i>	<i>Impossible to do</i>	
4. Have you been able to use a knife and fork at the same time?	<i>Yes, easily</i>	<i>With little difficulty</i>	<i>With moderate difficulty</i>	<i>With extreme difficulty</i>	<i>No, impossible</i>	
5. Could you do the household shopping on your own?	<i>Yes, easily</i>	<i>With little difficulty</i>	<i>With moderate difficulty</i>	<i>With extreme difficulty</i>	<i>No, impossible</i>	
6. Could you carry a tray containing a plate of food across a room?	<i>Yes, easily</i>	<i>With little difficulty</i>	<i>With moderate difficulty</i>	<i>With extreme difficulty</i>	<i>No, impossible</i>	
7. Could you brush/comb your hair with the affected arm?	<i>Yes, easily</i>	<i>With little difficulty</i>	<i>With moderate difficulty</i>	<i>With extreme difficulty</i>	<i>No, impossible</i>	
8. How would you describe the pain you usually had from your shoulder?	<i>None</i>	<i>Very mild</i>	<i>Mild</i>	<i>Moderate</i>	<i>Severe</i>	
9. Could you hang your clothes up on a wardrobe using the affected arm?	<i>Yes, easily</i>	<i>With little difficulty</i>	<i>With moderate difficulty</i>	<i>With extreme difficulty</i>	<i>No, impossible</i>	
10. Have you been able to wash and dry yourself under both arms?	<i>Yes, easily</i>	<i>With little difficulty</i>	<i>With moderate difficulty</i>	<i>With extreme difficulty</i>	<i>No, impossible</i>	
11. How much has pain from your shoulder interfered with your usual work (including housework)?	<i>Not at all</i>	<i>A little bit</i>	<i>Moderately</i>	<i>Greatly</i>	<i>Totally</i>	
12. Have you been troubled by pain from your shoulder in bed at night?	<i>No nights</i>	<i>Only 1 or 2 nights</i>	<i>Some nights</i>	<i>Most nights</i>	<i>Every night</i>	

Please describe the type of job you had before your injury/surgery: _____

How long after surgery did you return to any form of work? _____

How long after surgery did you return to full duties at work? _____

(Office use only)

TOTAL SCORE			
0-19: POOR	20-29: FAIR	30-39: GOOD	40-48: EXCELLENT