

American Shoulder and Elbow Surgeons Score (ASES)

Patient Name: _____

Date: _____

Pain Questionnaire

1. Usual Work

2. Usual Sport/Leisure Activity

3. Do you have shoulder pain at night (circle one)?

Yes No

4. Do you take pain killers such as paracetamol (acetaminophen), diclofenac, or ibuprofen (circle one)?

Yes No

5. Do you take strong pain killers such as codeine, tramadol, or morphine (circle one)?

Yes No

6. How many pills do you take on an average day?

7. Intensity of pain (circle one)?

0 1 2 3 4 5 6 7 8 9 10
No pain Pain as bad
at all as it can be

Dominant Hand: R L Both (Circle One)

Affected Shoulder: R L (Circle One)

Activities of Daily Living Questionnaire

8. Is it difficult for you to put on a coat?

<input type="checkbox"/> Unable to do	+0
<input type="checkbox"/> Very difficult to do	+1
<input type="checkbox"/> Somewhat difficult	+2
<input type="checkbox"/> Not difficult	+3

9. Is it difficult for you to sleep on the affected side?

<input type="checkbox"/> Unable to do	+0
<input type="checkbox"/> Very difficult to do	+1
<input type="checkbox"/> Somewhat difficult	+2
<input type="checkbox"/> Not difficult	+3

10. Is it difficult for you to wash your back/do up bra?

<input type="checkbox"/> Unable to do	+0
<input type="checkbox"/> Very difficult to do	+1
<input type="checkbox"/> Somewhat difficult	+2
<input type="checkbox"/> Not difficult	+3

11. Is it difficult for you to manage toileting?

<input type="checkbox"/> Unable to do	+0
<input type="checkbox"/> Very difficult to do	+1
<input type="checkbox"/> Somewhat difficult	+2
<input type="checkbox"/> Not difficult	+3

12. Is it difficult for you to comb your hair?

<input type="checkbox"/> Unable to do	+0
<input type="checkbox"/> Very difficult to do	+1
<input type="checkbox"/> Somewhat difficult	+2
<input type="checkbox"/> Not difficult	+3

13. Is it difficult for you to reach a high shelf?

<input type="checkbox"/> Unable to do	+0
<input type="checkbox"/> Very difficult to do	+1
<input type="checkbox"/> Somewhat difficult	+2
<input type="checkbox"/> Not difficult	+3

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

<input type="checkbox"/> Unable to do	+0
<input type="checkbox"/> Very difficult to do	+1
<input type="checkbox"/> Somewhat difficult	+2
<input type="checkbox"/> Not difficult	+3

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

<input type="checkbox"/> Unable to do	+0
<input type="checkbox"/> Very difficult to do	+1
<input type="checkbox"/> Somewhat difficult	+2
<input type="checkbox"/> Not difficult	+3

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

<input type="checkbox"/> Unable to do	+0
<input type="checkbox"/> Very difficult to do	+1
<input type="checkbox"/> Somewhat difficult	+2
<input type="checkbox"/> Not difficult	+3

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

<input type="checkbox"/> Unable to do	+0
<input type="checkbox"/> Very difficult to do	+1
<input type="checkbox"/> Somewhat difficult	+2
<input type="checkbox"/> Not difficult	+3

Scoring Guide:

Pain Questionnaire:

Question 7 Value: _____ Points

Pain Score: $5 \times (10 - \text{Question 7 Value})$

Pain Score: _____ Points

Activities of Daily Living (ADL) Questionnaire:

ADL Raw Score: Summation of points

ADL Raw Score: _____ Points

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

ADL Score: _____ Points

Final ASES Score:

Final Score: Pain Score + ADL Score

Final score: _____ Points