Shoulder Disability Questionnaire (SDQ)

Name: _____ Date: _____

When your shoulder hurts, you may find it difficult to do certain things you normally do. This list contains 16 sentences that people have used to describe themselves when they have shoulder pain. When you read the sentences, you may find that some stand out because they describe you today (last 24 hours). As you read the list, think of yourself today (last 24 hours). Ask yourself if you performed the activity. If you did not perform the activity in the last 24 hours, for example you did not lie on your shoulder, tick NA (not applicable). If you did perform the activity and your shoulder was painful, tick YES. If you did perform the activity and your shoulder did not hurt, tick NO.

1. I wake up at night because of shoulder pain.

[ ] Yes	1
[ ] No	0
[ ] Not applicable (did not perform the activity in the last 24 hours)	0

2. My shoulder hurts when I lie on it.

[ ] Yes	1
[ ] No	0
[ ] Not applicable (did not perform the activity in the last 24 hours)	0

3. Because of pain in my shoulder it is difficult to put on a coat or a sweater.

[ ] Yes	1
[ ] No	0
[ ] Not applicable (did not perform the activity in the last 24 hours)	0

4. My shoulder hurts during my usual daily activities.

[ ] Yes	1
[ ] No	0
[ ] Not applicable (did not perform the activity in the last 24 hours)	0

5. My shoulder hurts when I lean on my elbow or hand.

[ ] Yes	1
[ ] No	0
[ ] Not applicable (did not perform the activity in the last 24 hours)	0

6. My shoulder hurts when I move my arm.

[ ] Yes	1
[ ] No	0
[ ] Not applicable (did not perform the activity in the last 24 hours)	0

7. My shoulder hurts when I write or type.

[ ] Yes	1
[ ] No	0
[ ] Not applicable (did not perform the activity in the last 24 hours)	0

8. My shoulder is painful when I hold the driving wheel of my car or handle bars of my bike.

[ ] Yes	1
[ ] No	0
[ ] Not applicable (did not perform the activity in the last 24 hours)	0

9. When I lift and carry something my shoulder hurts.

[ ] Yes 1

[ ] No 0

[ ] Not applicable (did not perform the activity in the last 24 hours) 0

10. During reaching and grasping above shoulder level my shoulder hurts.

[ ] Yes 1

[ ] No 0

[ ] Not applicable (did not perform the activity in the last 24 hours) 0

11. My shoulder is painful when I open or close a door.

[ ] Yes 1

[ ] No 0

[ ] Not applicable (did not perform the activity in the last 24 hours) 0

12. My shoulder is painful when I bring my hand to the back of my head.

[ ] Yes 1

[ ] No 0

[ ] Not applicable (did not perform the activity in the last 24 hours) 0

13. My shoulder is painful when I bring my hand to my buttock.

[ ] Yes 1

[ ] No 0

[ ] Not applicable (did not perform the activity in the last 24 hours) 0

14. My shoulder is painful when I bring my hand to my low back.

[ ] Yes 1

[ ] No 0

[ ] Not applicable (did not perform the activity in the last 24 hours) 0

15. I rub my painful shoulder more than once during the day.

[ ] Yes 1

[ ] No 0

[ ] Not applicable (did not perform the activity in the last 24 hours) 0

16. Because of my shoulder pain I am more irritable and bad tempered with people than usual.

[ ] Yes 1

[ ] No 0

[ ] Not applicable (did not perform the activity in the last 24 hours) 0

Scoring

Number of items answered 'yes' divided by the number of applicable items (yes plus no), times 100. 'Not applicable' items are left out of both numerator and denominator. Higher is worse.

SDQ score (% of applicable items answered yes): _____

Source: van der Windt, D. A., van der Heijden, G. J., de Winter, A. F., Koes, B. W., Deville, W., & Bouter, L. M. (1998). The responsiveness of the Shoulder Disability Questionnaire. Annals of the Rheumatic Diseases, 57(2), 82-87.

Online calculator and more: physiotutors.com/questionnaires