ASES SCORING SYSTEM

Are you having pain in your shoulder?						YES	NO	
Do you have pain in your shoulder at night?							YES	NO
Do you take pain medication (aspirin, Tylenol, Advil, etc)?							YES	NO
Do you take narcotic pain medication (codeine or stronger)?						YES	NO	
How many pills to you take each day (average)?						pills		
How bad is your pain today	y (mark line)?							
0							10	
No pain at all	' '	'	'	'	'	Pa	ain as bad a	s it can be

Does your shoulder feel unstable (as if is going to dislocate)?						YE	ES	NO			
How unstable is your shoulder (mark line)?											
0										10	
Very Stable Very Unstable							ole				

Circle the number in the box that indicates your ability to do the following activities: 0 = unable to do: 1 = very difficult to do: 2 = somewhat difficult: 3 = not difficult

0 – unable to do; 1 – very difficult to do; 2 – somewhat difficult; 3 – not difficult							
Activity	Right Arm	Left Arm					
1. Put on a coat	0 1 2 3	0 1 2 3					
2. Sleep on your painful or affected side	0 1 2 3	0 1 2 3					
3. Wash back or do up bra in back	0 1 2 3	0 1 2 3					
4. Manage toileting	0 1 2 3	0 1 2 3					
5. Comb hair	0 1 2 3	0 1 2 3					
6. Reach a high shelf	0 1 2 3	0 1 2 3					
7. Lift 10 lb above the shoulder	0 1 2 3	0 1 2 3					
8. Throw a ball overhand	0 1 2 3	0 1 2 3					
9. Do usual work – list:	0 1 2 3	0 1 2 3					
10. Do usual sport – list:	0 1 2 3	0 1 2 3					