

Patient's name \_\_\_\_\_

Date \_\_\_\_\_

Physician \_\_\_\_\_

## ASES Function Questionnaire

Circle the number in the box that indicates your ability to do the following activities:

**0** = Unable to do; **1** = Very difficult; **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 / 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 pounds above 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 / hobby- List:	0 1 2 3	0 1 2 3

How bad is your pain today (mark line)?

