

Croft Disability Questionnaire

FAX (800) 599-8350

Patient Last Name	Patient First Name	Patient ID	Date of Birth (MM/DD/YYYY) ____/____/____
Provider Last Name	Provider First Name	Provider Phone (area code first)	

Instructions: When your shoulder hurts, you may find it difficult to do some of the things you normally do. This list contains some sentences that people have used to describe themselves when they have trouble with their shoulder. When you read them you may find that some stand out because they describe you **today**. As you read them, think of yourself **today**. When you read a sentence that describes you **today**, tick the "yes" box. If the sentence does not describe you, then tick the "no" box and go on to the next one. Please only tick the YES box for a sentence if you are sure that it describes you today.

	Yes	No
Because of pain in my shoulder, I move my arm or hand with some difficulty.	<input type="checkbox"/>	<input type="checkbox"/>
I do not bath myself completely because of my shoulder.	<input type="checkbox"/>	<input type="checkbox"/>
Because of my shoulder trouble, I get dressed with help from someone else.	<input type="checkbox"/>	<input type="checkbox"/>
I get dressed more slowly than usual because of my shoulder.	<input type="checkbox"/>	<input type="checkbox"/>
Because of my shoulder trouble, I fasten my clothing with some difficulty (e.g., buttons, zips, shoelaces or bra).	<input type="checkbox"/>	<input type="checkbox"/>
I have trouble putting on a jumper, shirt, blouse or jacket because of my shoulder problem.	<input type="checkbox"/>	<input type="checkbox"/>
Because of my shoulder problem, I change position frequently in bed at night.	<input type="checkbox"/>	<input type="checkbox"/>
I cannot lie on my right side at night because of my shoulder.	<input type="checkbox"/>	<input type="checkbox"/>
I cannot lie on my left side at night because of my shoulder.	<input type="checkbox"/>	<input type="checkbox"/>
I stay at home most of the time because of my shoulder problem.	<input type="checkbox"/>	<input type="checkbox"/>
Because of my shoulder problem, I do less of the daily household jobs than I would usually do.	<input type="checkbox"/>	<input type="checkbox"/>
I avoid heavy jobs around the house because of my shoulder trouble.	<input type="checkbox"/>	<input type="checkbox"/>
Because of my shoulder, I do not carry any shopping.	<input type="checkbox"/>	<input type="checkbox"/>
Because of my shoulder trouble, I am cutting down on some of my usual sports or more active pastimes.	<input type="checkbox"/>	<input type="checkbox"/>
Because of my shoulder trouble, I am not doing any of my usual physical recreation or more active pastimes.	<input type="checkbox"/>	<input type="checkbox"/>
Because of my shoulder, I try to get other people to do things for me.	<input type="checkbox"/>	<input type="checkbox"/>
My shoulder makes me more irritable and bad tempered with people than usual.	<input type="checkbox"/>	<input type="checkbox"/>
Because of my shoulder, I have more minor accidents (e.g., dropping things).	<input type="checkbox"/>	<input type="checkbox"/>
I sleep less well because of my shoulder.	<input type="checkbox"/>	<input type="checkbox"/>
Because of my shoulder, I rest more often during the day.	<input type="checkbox"/>	<input type="checkbox"/>
My appetite is not very good because of my shoulder problem.	<input type="checkbox"/>	<input type="checkbox"/>
Because of my shoulder, I have trouble writing or typing.	<input type="checkbox"/>	<input type="checkbox"/>

I understand that the information I have provided above is current and complete to the best of my knowledge.

Signature _____ Date _____

Office Use Only

Score: _____
(1 point for each yes) Minimal level of detectable change (90% confidence) = 3 points

Source: Croft et al (1994) : Measurement of shoulder related disability : results of a validation study. Ann. Rheum. Dis. 53:525-528.

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