

Patient Reported Outcome Measures (PROMs) - pre-operative questionnaire

Q1 Shoulder PROMs

Patient addressograph

NJR Ref:
(For hospital use only)

After completion by the patient, the form should then be retained by hospital staff to enter the questionnaire responses into the registry.

Patient details

Forename(s)	
Surname	
Date of birth (DD/MM/YYYY)	
Patient email address (if provided)	
Patient mobile phone number (if provided)	

Pre-operative Oxford scores – tick one box for every question.

Pre-operative Oxford score date (DD/MM/YYYY)	Not available ☐			
1. During the past 4 weeks... How would you describe the worst pain you had <u>from your shoulder</u> ? Not available ☐				
None ☐	Mild ☐	Moderate ☐	Severe ☐	Unbearable ☐
2. During the past 4 weeks... Have you had any trouble dressing yourself <u>because of your shoulder</u> ? Not available ☐				
No trouble at all ☐	A little bit of trouble ☐	Moderate trouble ☐	Extreme difficulty ☐	Impossible to do ☐
3. During the past 4 weeks... Have you had any trouble getting in and out of a car or using public transport <u>because of your shoulder</u> ? Not available ☐				
No trouble at all ☐	A little bit of trouble ☐	Moderate trouble ☐	Extreme difficulty ☐	Impossible to do ☐
4. During the past 4 weeks... Have you been able to use a knife and fork <u>at the same time</u> ? Not available ☐				
Yes, easily ☐	With little difficulty ☐	With moderate difficulty ☐	With extreme difficulty ☐	No, impossible ☐
5. During the past 4 weeks... Could you do the household shopping <u>on your own</u> ? Not available ☐				
Yes, easily ☐	With little difficulty ☐	With moderate difficulty ☐	With extreme difficulty ☐	No, impossible ☐
6. During the past 4 weeks... Could you carry a tray containing a plate of food across a room? Not available ☐				
Yes, easily ☐	With little difficulty ☐	With moderate difficulty ☐	With extreme difficulty ☐	No, impossible ☐

7.	During the past 4 weeks... Could you brush/comb your hair <u>with the affected arm</u> ?				Not available ☐
	Yes, easily ☐	With little difficulty ☐	With moderate difficulty ☐	With extreme difficulty ☐	No, impossible ☐
8.	During the past 4 weeks... How would you describe the pain you <u>usually</u> had from your shoulder?				Not available ☐
	None ☐	Very mild ☐	Mild ☐	Moderate ☐	Severe ☐
9.	During the past 4 weeks... Could you hang your clothes up in a wardrobe, <u>using the affected arm</u> ?				Not available ☐
	Yes, easily ☐	With little difficulty ☐	With moderate difficulty ☐	With great difficulty ☐	No, impossible ☐
10.	During the past 4 weeks... Have you been able to wash and dry yourself under both arms?				Not available ☐
	Yes, easily ☐	With little difficulty ☐	With moderate difficulty ☐	With extreme difficulty ☐	No, impossible ☐
11.	During the past 4 weeks... How much has <u>pain from your shoulder</u> interfered with your usual work (including housework)?				Not available ☐
	Not at all ☐	A little bit ☐	Moderately ☐	Greatly ☐	Totally ☐
12.	During the past 4 weeks... Have you been troubled by <u>pain from your shoulder</u> in bed at night?				Not available ☐
	No nights ☐	Only 1 or 2 nights ☐	Some nights ☐	Most nights ☐	Every night ☐