North Kansas City Hospital | MERITAS HEALTH

Pre/Post-Operative Survey

The survey below will help us understand your current condition and daily activities. Your feedback is valuable to our shoulder and elbow surgery program. Please complete the survey within five days and return it using the enclosed pre-paid envelope. Thank you for putting your trust in the skilled healthcare team at North Kansas City Hospital.

PATIENT DEMOGRAPHIC INFORMATION

Name:	**Sex:** ☐ Male ☐ Female	**Date of Birth:** ☐☐ / ☐☐ / ☐☐☐☐ Enter dates as: (MM/DD/YYYY)
Today's Date:		

HEALTH SELF-ASSESSMENT

Please respond to each item by marking one box per row.	**Excellent**	**Very Good**	**Good**	**Fair**	**Poor**
In general, would you say your health is:	☐ 5	☐ 4	☐ 3	☐ 2	☐ 1
In general, would you say your quality of life is:	☐ 5	☐ 4	☐ 3	☐ 2	☐ 1
In general, how would you rate your physical health?	☐ 5	☐ 4	☐ 3	☐ 2	☐ 1
In general, how would you rate your mental health, including your mood and your ability to think?	☐ 5	☐ 4	☐ 3	☐ 2	☐ 1
In general, how would you rate your satisfaction with your social activities and relationships?	☐ 5	☐ 4	☐ 3	☐ 2	☐ 1
In general, please rate how well you carry out your usual social activities and roles. (This includes activities at home, at work and in your community, and responsibilities as a parent, child, spouse, employee, friend, etc.)	☐ 5	☐ 4	☐ 3	☐ 2	☐ 1
To what extent are you able to carry out your everyday physical activities such as walking, climbing stairs, carrying groceries or moving a chair?	☐ 5	☐ 4	☐ 3	☐ 2	☐ 1

In the past 7 days	**Never**	**Rarely**	**Sometimes**	**Often**	**Always**
How often have you been bothered by emotional problems such as feeling anxious, depressed or irritable?	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
How would you rate your fatigue on average?	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5

How would you rate your pain on average?	☐ 0 No Pain	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6	☐ 7	☐ 8	☐ 9	☐ 10 Worst imaginable pain

PLEASE TURN OVER TO CONTINUE SURVEY ON BACK

SELF-ASSESSMENT - ASES ORTHOPEDIC SCORES

This survey asks for your view about your shoulder or elbow **in the last week**. This information will help us keep track of how you feel about your shoulder or elbow and how well you are able to do your usual activities. Answer every question by checking the appropriate box, only one box for each question. If you are unsure about how to answer a question, please give the best answer you can.

Dominant Hand: R L Both (Circle One)	**Affected Shoulder: R L Both** (Circle One)

PAIN QUESTIONS

Usual Work	**Usual sport/leisure activity?**
Do you have shoulder pain at night?	**Do you take pain killers such as paracetamol (acetaminophen) or diclofenac?**
☐ Yes ☐ No	☐ Yes ☐ No
Do you take strong pain killers such as codeine, tramadol, or morphine?	**How many pills do you take on an average day?**
☐ Yes ☐ No	

Intensity of pain?

☐ 10 ☐ 9 ☐ 8 ☐ 7 ☐ 6 ☐ 5 ☐ 4 ☐ 3 ☐ 2 ☐ 1

Pain as bad as it can be

ACTIVITIES OF DAILY LIVING QUESTIONS

Is it difficult for you to put on a coat?	**Is it difficult for you to sleep on the affected side?**
☐ Unable to do ☐ Very difficult to do ☐ Somewhat difficult ☐ Not difficult	☐ Unable to do ☐ Very difficult to do ☐ Somewhat difficult ☐ Not difficult
Is it difficult for you to wash your back/do up bra?	**Is it difficult for you manage toiletting?**
☐ Unable to do ☐ Very difficult to do ☐ Somewhat difficult ☐ Not difficult	☐ Unable to do ☐ Very difficult to do ☐ Somewhat difficult ☐ Not difficult
Is it difficult for you to comb your hair?	**Is it difficult for you to reach a high shelf?**
☐ Unable to do ☐ Very difficult to do ☐ Somewhat difficult ☐ Not difficult	☐ Unable to do ☐ Very difficult to do ☐ Somewhat difficult ☐ Not difficult
Is it difficult for you to lift 10lbs. (4.5kg) above your shoulder?	**Is it difficult for you to throw a ball overhand?**
☐ Unable to do ☐ Very difficult to do ☐ Somewhat difficult ☐ Not difficult	☐ Unable to do ☐ Very difficult to do ☐ Somewhat difficult ☐ Not difficult
Is it difficult for you to do your usual work?	**Is it difficult for you to do your usual sport/leisure activity?**
☐ Unable to do ☐ Very difficult to do ☐ Somewhat difficult ☐ Not difficult	☐ Unable to do ☐ Very difficult to do ☐ Somewhat difficult ☐ Not difficult

PLEASE COMPLETE THE ENTIRE SURVEY AND RETURN IN THE ENCLOSED ENVELOPE