The Western Ontario Shoulder Instability Index (WOSI)

Clinician's name (or ref) ..... **Patient's name (or ref)** .....

The following questions concern the symptoms you have experienced due to your shoulder problem. In all cases, please enter the amount of the symptom you have experienced in the last week. (please move the slider on the horizontal line.)

1. How much pain do you experience in your shoulder with overhead activities?

No pain — Extreme pain

2. How much aching or throbbing do you experience in your shoulder?

No aching/throbbing — Extreme aching/throbbing

3. How much weakness or lack of strength do you experience in your shoulder?

No weakness — Extreme weakness

4. How much fatigue or lack of stamina do you experience in your shoulder?

No fatigue — Extreme fatigue

5. How much clicking, cracking or snapping do you experience in your shoulder?

No clicking — Extreme clicking

6. How much stiffness do you experience in your shoulder?

No stiffness — Extreme stiffness

12. How much has your shoulder affected your ability to perform the specific skills required for your sport or work? (If your shoulder affects both sports and work, consider the area that is most affected.)

Not affected — Extremely affected

13. How much do you feel the need to protect your arm during activities?

Not at all — Extreme

14. How much difficulty do you experience lifting heavy objects below shoulder level

No difficulty — Extreme difficulty

15. How much fear do you have of falling on your shoulder?

No fear — Extreme fear

16. How much difficulty do you experience maintaining your desired level of fitness

No difficulty — Extreme difficulty

17. How much difficulty do you have “roughhousing” or “horsing around” with family or friends

No difficulty — Extreme difficulty

7. How much discomfort do you experience in your neck muscles as a result of your shoulder?

No discomfort — Extreme discomfort

8. How much feeling of instability or looseness do you experience in your shoulder?

No instability — Extreme instability

9. How much do your compensate for your shoulder with other muscles?

Not at all — Extreme

10. How much loss of range of motion do you have in your shoulder?

No loss — Extreme loss

11. How much has your shoulder limited the amount you can participate in sports or recreational activities?

Not limited — Extremely limited

18. How much difficulty do you have sleeping because of your shoulder

No difficulty — Extreme difficulty

19. How conscious are you of your shoulder

Not conscious — Extremely conscious

20. How concerned are you about your shoulder becoming worse

No concern — Extremely concerned

21. How much frustration do you feel because of your shoulder

No frustration — Extremely frustrated

Physical symptoms Score is: 0 0 %

Sports/recreation/work Score is: 0 0 %

Lifestyle Score is: 0 0 %

Emotion Score is: 0 0 %

The WOSI Score is: 0 0 %

Link for Reference: The Development and Evaluation of a Disease-Specific Quality of Life Measurement Tool for Shoulder Instability
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http://ajs.sagepub.com/content/26/6/764.abstract

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