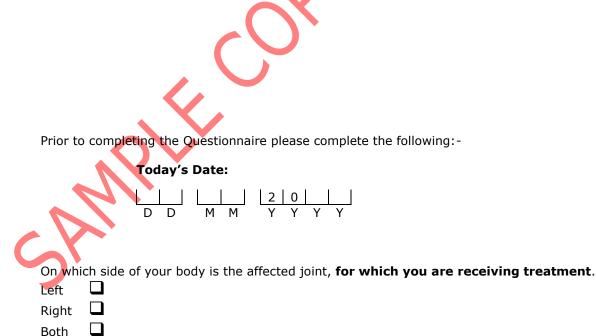


Oxford Shoulder Instability Score (OSIS)

English version for the United Kingdom



If you said 'both', please complete the <u>first</u> questionnaire thinking about the <u>right side</u>. A second questionnaire, for the left side, will follow.

PROBLEMS WITH YOUR SHOULDER

Nb. not suitable for post-operative patients until 6 months

Tick (✓) one box for every question.

1.	During the last 6 menths						
4.	During the last <u>6 months</u> How many times has your shoulder slipped out of joint (or dislocated)?						
	now many cmi	es has your she	Jaiaci Siippea	out or joint (or	More often		
	Not at all		1 or 2 times		than 1 or 2		
	in 6 months	in 6 months	per month	per week	times/week		
					U		
2.	During the la	st <u>3 months</u>					
		any trouble (or		utting on a T-sl	nirt or pullover		
	because of you	•	,, ,		•		
	No trouble/se	Cliabe travella	Moderate		Tueneesible		
	worries	Slight trouble or worry	trouble or worry	Extreme difficulty	Impossible to do		
3.	During the last <u>3 months</u>						
	How would you describe the worst pain you have had <u>from your</u>						
	shoulder?		▼				
	None	Mild ache	Moderate	Severe	Unbearable		
		AY					
4.	During the la	st <u>3 months</u>					
	How much has the problem with your shoulder interfered with your usual						
		ng school or col	_		Totally		
	Not at all	A little bit	Moderately	Greatly	Totally		
5.	During the la	st <u>3 months</u>					
J.	Have you avoided any activities due to worry about your shoulder –						
		feared that it might slip out of joint?					
Y		Vory		Most days or more than	Every day or		
"	No, not at all	Very occasionally	Some days	one activity	many activities		
	·						
	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>		

	6.	During the last <u>3 months</u>					
		Has the problem with your shoulder prevented you from doing things					
		that are impor	tant to you?		Most days on	F	
		No,	Very		Most days or more than	Every day or many	
		not at all	occasionally	Some days	one activity		
	7.	During the la	st 3 months				
		How much has the problem with your shoulder interfered with your social life? (including sexual activity – if applicable)					
		Not at all	Occasionally	Some days	Most days	Every day	
	8. During the last <u>4 weeks</u>						
		How much has the problem with your shoulder interfered with your					
		sporting activi	ties or hobbies?	_			
		Not at all	A little/ occasionally	Some of the time	Most of the time	All of the time	
	9.	During the last <u>4 weeks</u>					
		How often has your shoulder been 'on your mind' – how often have you					
		thought about Never, or only					
		if someone					
		asks	Occasionally	Some days	Most days	Every day	
10. During the last <u>4 weeks</u>							
How much has the problem with your shoulder interfered with you						with your	
			lingness – to lif			F	
		Not at all	Occasionally	Some days	Most days	Every day	
	D						
1	1						

11.	During the last <u>4 weeks</u>						
	How would you describe the pain you usually had from your shoulder?						
	None	Very mild	Mild	Moderate	Severe		
12.		st <u>4 weeks</u>					
	Have you avoi your shoulder	, -	rtain positions,	in bed at night	, <u>because of</u>		
	No nights	Only 1 or 2 nights	Some nights	Most nights	Every night		
Finally, please check back that you have answered each question. Thank you very much.							