

ISE

Oxford Shoulder Instability Score (OSIS)

English version for the United Kingdom

Prior to completing the Questionnaire please complete the following:-

Today's Date:

D	D	M	M	2	0		
				Y	Y	Y	Y

On which side of your body is the affected joint, **for which you are receiving treatment.**

- Left
- Right
- Both

If you said 'both', please complete the first questionnaire thinking about the right side. 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 months...

How many times has your shoulder slipped out of joint (or dislocated)?

Not at all
in 6 months

1 or 2 times
in 6 months

1 or 2 times
per month

1 or 2 times
per week

More often
than 1 or 2
times/week

2. During the last 3 months...

Have you had any trouble (or worry) with putting on a T-shirt or pullover because of your shoulder?

No trouble/no
worries

Slight trouble
or worry

Moderate
trouble or
worry

Extreme
difficulty

Impossible
to do

3. During the last 3 months...

How would you describe the **worst** pain you have had from your shoulder?

None

Mild ache

Moderate

Severe

Unbearable

4. During the last 3 months...

How much has the problem with your shoulder interfered with your usual work? (including school or college work, or housework)

Not at all

A little bit

Moderately

Greatly

Totally

5. During the last 3 months...

Have you avoided any activities due to worry about your shoulder - feared that it might slip out of joint?

No, not at all

Very
occasionally

Some days

Most days or
more than
one activity

Every day or
many
activities

6. During the last 3 months...

Has the problem with your shoulder prevented you from doing things that are important to you?

No, not at all	Very occasionally	Some days	Most days or more than one activity	Every day or many activities
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

7. During the last 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
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

8. During the last 4 weeks...

How much has the problem with your shoulder interfered with your sporting activities or hobbies?

Not at all	A little/ occasionally	Some of the time	Most of the time	All of the time
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

9. During the last 4 weeks...

How often has your shoulder been 'on your mind' – how often have you thought about it?

Never, or only if someone asks	Occasionally	Some days	Most days	Every day
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

10. During the last 4 weeks...

How much has the problem with your shoulder interfered with your ability – or willingness – to lift heavy objects?

Not at all	Occasionally	Some days	Most days	Every day
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

11. During the last 4 weeks...

How would you describe the pain you usually had from your shoulder?

None

Very mild

Mild

Moderate

Severe

12. During the last 4 weeks...

Have you avoided lying in certain positions, in bed at night, because of your shoulder?

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.**

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