

OXFORD SHOULDER INSTABILITY SCORE

RIGHT

Problems with your shoulder

LEFT

✓ tick one box for each 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

Oxford Instability Shoulder Score

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

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

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

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

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

