

Western Ontario Shoulder Instability Index (WOSI)

The following questions concern the physical 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 choose a number on the scale from 0 to 10. To obtain a valid total score, at least two thirds (67 percent) of all items must be answered.

Section A: Physical Symptoms

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

no pain

0 1 2 3 4 5 6 7 8 9 10

extreme pain

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

no aching/throbbing

0 1 2 3 4 5 6 7 8 9 10

extreme aching/
throbbing

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

no weakness

0 1 2 3 4 5 6 7 8 9 10

extreme weakness

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

no fatigue

0 1 2 3 4 5 6 7 8 9 10

extreme fatigue

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

no clicking

0 1 2 3 4 5 6 7 8 9 10

extreme clicking

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

no stiffness

0 1 2 3 4 5 6 7 8 9 10

extreme stiffness

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

no discomfort

0 1 2 3 4 5 6 7 8 9 10

extreme discomfort

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

no instability

0 1 2 3 4 5 6 7 8 9 10

extreme instability

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

not at all

0 1 2 3 4 5 6 7 8 9 10

extreme

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

no loss

0 1 2 3 4 5 6 7 8 9 10

extreme loss

Total:

Western Ontario Shoulder Instability Index (WOSI) *Continuation*

The following section concerns how your shoulder problem has affected your work, sports or recreational activities in the past week. For each question, please indicate the amount by choosing a number on the scale from 0 to 10.

Section B: Sports/Recreation/Work

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

not limited	0	1	2	3	4	5	6	7	8	9	10	extremely limited
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12. How much has your shoulder affected your ability to perform the specific skills required for your sport or work? (If shoulder affects both sports and work, consider the area that is most affected.)

not affected	0	1	2	3	4	5	6	7	8	9	10	extremely affected
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13. How much do you feel the need to protect your arm during activities?

not at all	0	1	2	3	4	5	6	7	8	9	10	extreme
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14. How much difficulty do you experience lifting heavy objects below shoulder level?

no difficulty	0	1	2	3	4	5	6	7	8	9	10	extreme difficulty
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Total:

The following section concerns the amount that your shoulder problem has affected or changed your lifestyle. Again, please indicate the appropriate amount for the past week by choosing a number on the scale from 0 to 10.

Section C: Lifestyle

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

no fear	0	1	2	3	4	5	6	7	8	9	10	extreme fear
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16. How much difficulty do you experience maintaining your desired level of fitness?

no difficulty	0	1	2	3	4	5	6	7	8	9	10	extreme difficulty
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17. How much difficulty do you have “roughhousing or horsing around” with family or friends?

no difficulty	0	1	2	3	4	5	6	7	8	9	10	extreme difficulty
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18. How much difficulty do you have sleeping because of your shoulder?

no difficulty	0	1	2	3	4	5	6	7	8	9	10	extreme difficulty
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Total:

Western Ontario Shoulder Instability Index (WOSI) *Continuation*

The following questions relate to how you have felt in the past week with regard to your shoulder problem. Please indicate your answer by choosing a number on the scale from 0 to 10.

Section D: Emotions

19. How conscious are you of your shoulder?

not conscious

0 1 2 3 4 5 6 7 8 9 10

extremely conscious

20. How concerned are you about your shoulder becoming worse?

not concerned

0 1 2 3 4 5 6 7 8 9 10

extremely concerned

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

not frustrated

0 1 2 3 4 5 6 7 8 9 10

extremely frustrated

Total:

Total score: